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ABSTRACT

This booklet describes a pilot project, sponsored by the American Association for Health, Physical Education, and Recreation, which developed a curriculum for school nurses. The plan for the project emphasizes a) the development of a curriculum to introduce registered nurses to school nursing; b) provision for a workshop to test the curriculum through lectures, seminars, and study groups; c) publication of brochures, workshop announcements, curriculum, and evaluation materials; d) evaluation through pre- and posttesting of participants and on-site visits; and e) revision and publication of the curriculum. The specific aims of the curriculum include a) development of skills for health assessment; d) development of skills for implementing health education programs; c) the organization, administration, and coordination of a school health program; and d) the development of specialized programs for the continued preparation of nurses in school health. An outline of a curriculum to achieve these aims is presented, along with a workshop schedule. Evaluation of the project is based on participants' impressions, expressed on pre- and post-workshop questionnaires, and on-site visits. The appendix presents responses to the questionnaires, a bibliography on curriculum preparation, selected readings, and the Institute of Child Study (University of Maryland) bibliography. (BRB)

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INTRODUCTION TO

SCHOOL NURSING CURRICULUM

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By Dorothy B. Miller

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PREFACE

The intent of the School Nursing Manpower Project was to develop a curriculum to help nurses already functioning in schools and also to prepare nurses never before employed in schools. It is hoped that the Project will have national impact on the preparation of professional nurses since school nursing preparation is available in only a few institutions of higher education.

The school nurses of yesterday and today have been prepared in *illness* care; this focus should change to *high level wellness* care. Because of their nursing preparation, all nurses have a broad knowledge of human growth and development. In the specialization of school nursing, however, increased knowledge is needed about the *school organization,* its effects on the nurse's position, and on the development of children and youth.

The school nurse is responsible for the health and welfare of students and is often sought for advice. Thus, she needs broader preparation in mental health principles and communication skills. In her role she should collaborate with others to promote good school health programs for children, the family, and the school-community.

It is hoped that as a result of this pilot project, schools of nursing and schools of education including health education working together will consider this a beginning curriculum to be used as an introduction to the school nursing. As schools of nursing include wellness care in their curriculums, field experience could be found in schools, using this document and working through boards of education.

It is recognized that this curriculum is beginning only which would not fully prepare a person to meet qualifications for school nursing. We hope that nursing educators and others responsible for the preparation of school nurses will find ways to implement this curriculum in workshop situations as well as in nursing programs.

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INTRODUCTION

Reason for the Project

It is significant that the need for this project was expressed by nurses. Employed in schools throughout the country, they recognized that they needed help to improve their performances and were frustrated in their attempts to locate local preparatory programs. When their concerns were brought to the attention of the School Health Division of AAHPER, the problem was explored with members of the Division's Executive Council.

They found that increasing numbers of nurses were being employed by boards of education and community agencies to serve the health needs of preschool and school age children and youth. It was found also that in recent years federally funded educational projects such as Title I, Elementary and Secondary Education Act, Head Start, and Follow Through, have materially increased the demand for school nurses services among the disadvantaged.

It was discovered that the professional background of many nurses employed in these positions was lacking in knowledge and skills pertinent to school and community health nursing. In addition, nursing education had been disease oriented in a hospital setting in which treatment was emphasized rather then health promotion and maintenance.

The National Council of School Nurses had prepared a position paper of recommended functions and qualifications of the school health nurse. At the same time, however, the Council recognized that only a comparatively small percentage of practicing school nurses had achieved the recommended level of performance because programs specifically for preparing school nurses were available in only a few educational institutions throughout this country.

The need for preparatory programs for school nurses was substantiated by these findings:

1. Less than 40 percent of school nurses have attained a baccalaureate degree, as reported by a 1966 study of the American Nurses Association
2. The most consistent trend during the past two decades has been the increasing number of registered nurses employed by boards of education. During the period of 1966 to 1968, 13,099 new school nursing positions were filled by boards of education under Title I, Elementary and Secondary Education Act
3. The School Staffing Survey, Spring 1970 conducted by the Statistical Standard Staff, National Center for Educational Statistics, Office of Education, Reports that there are 36,500 school nurses classified as registered nurses. These statistics reflect an increase of 15,152 school nurses since the 1966 survey reported by the American Nurses Association.

On the basis of this information concerning the character and extent of the problem, a proposal for a pilot project to develop a curriculum for school nurses was drafted and presented to the Office of Education for funding under the Manpower Development and Training Act, through the Division of Vocational and Technical Education of the Maryland State Department of Education. The proposal received approval and the project was initiated and sponsored by the School Health Division, AAHPER.

Plan of the Project

The plan for the pilot project included the following:

1. development of the proposed curriculum for introduction to school nursing for registered nurses that will provide beginning knowledge and skills, as outlined in the objectives
2. provision for a workshop in a selected geographical area during the summer of 1972 to test the proposed curriculum, the workshop to include a variety of teaching methods, such as lectures, seminars, and study groups
   a. teaching staff to be selected for knowledge, skills, and experience pertinent to the curriculum content
   b. enrollment to be limited to 50 so that guidance

and counseling can be provided for each participant

3. development of publications pertinent to the project such as brochures, workshop announcements, pilot curriculum, and evaluations materials
4. evaluation in relation to aims:
   a. pretesting of workshop participants to determine existing knowledge as a basis from which to propose curriculum
   b. posttesting of workshop participants to determine effectiveness of curriculum
   c. site visits to selected participants on the job as follow-up evaluation in implementation
5. revision and publication of curriculum.

Aims of the Curriculum

Given nurses with no previous preparation and/or experience in school or community health nursing, the aims of the curriculum in introduction to school nursing were:

1. to develop beginning knowledge and skills in the areas of health assessment and follow-through
   a. health appraisal and interpretation of the health status of children to parents, pupils, school personnel, and the medical community
   b. health counseling, referral, and follow-up
2. to develop beginning knowledge of the elements of an effective health education program and beginning skills in the implementation of the program
   a. participation in curriculum development
   b. cooperation as health consultant and resource person to administrators, classroom teachers, and others
   c. use of meaningful opportunities to impart health knowledge significant to the development of sound health attitudes and practices
3. to develop beginning knowledge and skills for effective organization, administration, and coordination of the school health program
   a. establishment of program objectives
   b. development of policies and procedures
   c. coordination with community health planning
   d. provision for evaluation
4. to encourage, wherever possible, the development of specialized programs for the continued preparation of nurses in school health
   a. development of an awareness of curriculum areas in nursing that are shared with other specialized areas of nursing
   b. development of an awareness of curriculum areas in nursing that are unique to school nursing
   c. development of an awareness of curriculum areas that are shared with other disciplines in education

The Workshop

Arrangements for the location of the workshop at the Conference Center for Adult Education on the College Park campus of the University of Maryland were planned well in advance. Dates for the workshop were established for July 10 through July 21, 1972.

Facilities at the Center included:

1. rooms and meals for the resident participants and meals for the nonresidents
2. a large conference room with all appropriate equipment for group sessions each day
3. a large room for the workshop resource materials
4. provision of audiovisual equipment and personnel
5. administrative services

Part I

The Workshop

WORKSHOP STAFF

Overall Instructor

Rosemary K. McKevitt
Professor, Nursing Education
State University of New York at Plattsburgh

ORIENTATION AREA CONSULTANTS

Development of the Individual

Harry B. Green
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Institute for Child Study
University of Maryland

High Level Wellness

Richard W. Beatty
Publisher
Arlington, Virginia

The School as the System

Robert M. Isenberg
Associate Secretary
American Association of School Administrators

Functioning of School Personnel

Panel of Montgomery County Board of Education
Mary Jo MacGregor, Supervisor, Pupil Services
Ross J. Boddy, Community Coordinator
George Brown, Consulting Psychiatrist
Ester Delapaine, Social Worker
Enzo Monti, Psychologist
James O'Connor, Teacher and Reading Specialist
June R. Pollack, School Medical Advisor
Mamie H. Ross, Supervisor of Reading

GOAL I

Student Health Appraisal

Esther Wender, M.D.
School Physician
Montgomery County Health Department
Rockville, Maryland

Diagnostic Evaluation of Children with Learning Problems

H. Burtt Richardson, Jr., M.D.
Associate Director, Program for Learning Studies, Children's Hospital, Washington, D. C.
Associate Professor of Health and Development
George Washington University, School of Medicine

Purposes and Functioning of Community Agencies

Panel of Montgomery County, Maryland, Community Agencies

Gerald Abbot, Supervisor, Vocational Rehabilitation Department
Robert Dean, Probation Supervisor, Juvenile Services Department
Janet Hart, Volunteer, Planned Parenthood Association
Margo Miller, Coordinator of Volunteer Services
Charles Brambilla, Executive Director, Family Services
Martha Jachowski, Executive Director, Mental Health Association
Hazel Williford, Supervisor of Nursing, Health Department

GOAL II

The Physical Environment of the School

Frank C. Haering
Supervisor of Safety
Montgomery County Public Schools
Rockville, Maryland

GOAL III

The Health Education Curriculum

Herbert Jones, Professor of Health Education
University of Maryland

Florence Fenton
Supervisor of Health Education
Prince George's County, Maryland, Board of Education

Carmine Valente, Health Educator
Prince George's County, Maryland, Health Department

WORKSHOP PARTICIPANTS

The workshop was to be limited to 50 nurses unprepared and inexperienced in school or community health nursing.

Of the 36 nurses who applied for the workshop, 11 cancelled out before the beginning date. The principal reason for cancellation was inability to obtain release for a two-week period because of limited staff. Because of the limited number of responses, no selection decisions had to be made and the 25 applicants, including one male*, were automatically accepted. Of these, 16 were from the District of Columbia, 6 from Maryland, 2 from Delaware, and 1 from Virginia schools. Only 10 applied for on-campus residence, the remaining 15 preferred to commute.

The nurses presented a wide diversity in background preparation and experience – a situation which presented a challenge to the degree of flexibility and effectiveness of a curriculum designed for a less sophisticated group.

Educational Background

The participants' basic nursing preparation covered the spectrum of nursing programs. Of the 18 who had graduated from hospital diploma schools, 4 had continued their nursing education through the baccalaureate degree; 6 had taken further course work (2 to 36) credits and had participated in a variety of workshops and seminars; 6 had participated in workshops and seminars only; and 2 indicated no further study.

One had graduated from an associate degree program, accumulated 55 credits toward a baccalaureate degree and participated in several workshops and seminars. Of the six who had graduated from baccalaureate programs initially, one continued study through a master's degree in public health nursing and also participated in many workshops and seminars; two had completed two 2-credit courses and one workshop; and the remaining three had not pursued further study.

Members of this group were drawn from a fairly restricted geographical area within which 14 had received their nursing preparation. The nursing education of the others extended this boundary – 4 had graduated from schools in Pennsylvania, 2 each from schools in Minnesota and New York, and 1 each from schools in Missouri, North Carolina, and Ohio – a total representation of nine states and the District of Columbia.

Delaware is the only state in which the participants are employed that maintains certification requirements for the school nurse. The participants indicated that they had received from none to two days of on-the-job orientation for their positions.

Past Employment Experience

The previous employment of the diploma-prepared nurses had been predominately within the clinical area of the hospital and ranged from 6 months to 19 years; the average length of employment was 7½ years. Only one had been employed for 6 years in public health nursing as well. Similarly, of those who had graduated from baccalaureate degree programs – all had been employed in clinical situations from 6 months to 11 years; the average length of employment was 2½ years, with the exception of the master's program graduate who had had several years experience in public health nursing.

Present Employment

Sixteen of the applicants are currently employed as full-time school nurses. Thirteen are assigned to one junior or senior high school each, one to one elementary and one junior high school, one to a special education program for the young mentally retarded, and one is a "visiting school nurse" to schools of all levels throughout a county. Eight

*For editorial convenience, the female pronoun is used for school nurse and workshop participant.

are employed as a combination community and school nurse, and as such, provide part-time services in one to five schools on the preschool and elementary levels. One is the supervisor of approximately 200 nurses providing combined community and school health services throughout a county.

The full-time school nurses are serving secondary school populations ranging from 580 to 2,500, a special education program of 96, and a total county school population of all levels. There are *no* nurses within this group providing full-time services to preschool and/or elementary populations. The community/school nurses are providing part-time services to preschool and elementary populations of 450 to 3,000; and one is supervisor of a staff providing part-time health services to the total county school population – preschool through secondary levels.

Nineteen applicants are employed by community health agencies. Fourteen of these indicated that they feel directly responsible to their nursing supervisors, two to their school administrators, and three to both nursing supervisors and school administrators. Six are employed by boards of education, of which three indicated responsibility to their school administrator, two to their nursing supervisor, and one to both.

The location of the schools in which these nurses are functioning range from inner city areas to one of the highest socioeconomic counties in the country.

Responsibilities

Since the application form for workshop attendance was designed for nurses unprepared and inexperienced in school nursing and those who would be entering positions in that area for the first time, it was requested that applicants list responsibilities that *had been made known* to them. It should be recognized, however, that the responses are from nurses *with* experience and therefore, it may be assumed that the activities listed are those which they consider to be their responsibilities.

Ranking highest among the listings were *health appraisal, vision and hearing screening, referrals, follow-up, counseling,* and *emergency care.* Although school nurses frequently complain that emergency care remains a first consideration task expected of the nurse and requires too great a proportion of their time, only 10 listed this as a responsibility. This comparatively small number, however, may be a reflection of the fact that most of the nurses in this group provide only part-time school health services and are not present to provide ongoing first aid needs.

Liaison, coordination of immunization, and *record maintenance* were indicated as responsibilities by a few. In spite of the fact that 14 of these nurses are functioning in secondary schools, *counseling in maternity* was mentioned only once. *Attendance at staff conferences* and *record keeping for statistics* were indicated by only 1 nurse in each instance. Significantly, *coordination of the health program* was cited as a responsibility by only 3 individuals.

In reviewing this information, one finds little evidence of the coordinated services characteristic of a comprehensive school health program. For example, when examining responses relating to the areas of assessment and implementation of appropriate follow-through procedures, one finds that only about half of the group even mentioned health appraisal as an activity. In looking further for activities representing a complete follow-through process – referral *and* follow-ups, *and* counseling – one finds limited evidence of thoroughness in the following information.*

Of course, one might ask if the nurse does not see health appraisal as a responsibility, to what does she relate the follow-through activities? The information gathered from the listing of responsibilities indicated that the health services being provided to school children by these nurses consisted of a series of rather disjointed activities.

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*Tables summarizing data on participants' application forms appear on pages 102 and 103.

	REFERRAL, FOLLOW-UP, AND COUNSEL-ING	REFERRAL AND FOLLOW-UP	FOLLOW-UP AND COUNSELING	REFERRAL ONLY	FOLLOW-UP ONLY	COUNSELING ONLY
health appraisal listed (13)	4	3	–	2	–	1
health appraisal not listed (9)	2	1	0	1	2	2

Workshop Participants

OPERATION OF THE WORKSHOP

General information on the Project was given the first day of the workshop; Project personnel and participants were introduced; and copies of the curriculum were distributed to participants. It was explained that the bibliographies were for future reference, as well as for use during the workshop.

ORIENTATION AREAS

The first three days of the workshop were devoted to three areas where knowledge was considered crucial to help inadequately prepared and inexperienced school nurses develop appropriate skills. These areas are: 1) development of the individual, 2) high level wellness, and 3) the school as a system.

Development of the Individual

The purpose of study in this area was to help the nurse become a sensitive observer of children within the educational setting. In recognizing that each child is a unique individual because of his heredity, his innate pattern of growth, his total accumulation and assimilation of experiences, his potential capabilities and aptitudes, and the way he sees himself (13) the nurse will understand better those predictable influences on the child's behavior patterns in a particular situation. She must know skills required to accumulate information pertinent to the child's learning and development so she can assess the situation fairly accurately. The nurse must learn to sharpen her awareness of those situations and conditions within the environment and the student which might impair his development and affect his functioning – whether they are physical, emotional, or a combination of both. She then will learn to alleviate or modify such situations and conditions to the student's advantage.

Presentation. There was a discussion of the philosophy of human development as perceived by the late Daniel A. Prescott, founder of the University of Maryland's Institute for Child Study. Other source materials used were the Institute's "Some General Assumptions about Human Beings" and research reports of Robert Coles in his four-volume *Children of Crises.* (1).

Working in groups, the participants developed a collage from magazine pictures on "What Makes Up the Life of a Child." Spokesmen from each group reported on the significance and meaning of the finished product. This group-collage approach involved the participants immediately and was a motivating influence for easy interaction.

The Institute's "The Six-Area Framework" was introduced as a comprehensive guide for the study of human behavior. Aspects of the framework were related to the collage and to a case study, "The Case of Carol Davis."

Participants discussed their personal situations, revealing feelings of frustration because of bureaucratic administrative structures, overwhelming case loads, lack of understanding and/or acceptance of the role of the school nurse, poor communication among school and community personnel, lack of coordination among services, and poor response from parents concerning children's health needs. It was suggested that the six-area framework might be used in contacts with those other than students; to study the motivation behind the behavior of the principal, supervisor, teacher, parent, and community agency member; and in self-analysis.

A bibliography prepared by the instructional committee of the Institute for Child Study was given to each participant; it also appears in the Appendix, page 111.

High Level Wellness

An orientation in high level wellness is particularly significant for potential or practicing school nurses who received their nursing preparation in disease-oriented situations. The school nurse has become a member of a large force concerned with development of the so-called "healthy"

child. It is imperative, then, that she view health not merely in the limited concept of absence of disease, but also as a dynamic process of continuous development and change, subject to many factors which serve to foster or impede an optimal level of wellness.

The school nurse must be proficient in recognizing all the hereditary, physical, emotional, spiritual, and environmental components as they interrelate and contribute to the individuals' well-being. With this understanding, she can more knowledgeably determine objective goals to assist the student in achieving an optimal level of wellness, realizing that the goals must be adjusted to meet the students' changing needs. Furthermore, the nurse should be able to apply the principles of high level wellness to herself and to individuals other than students with whom she may be influential.

Presentation. The World Health Organization defines health as "a state of complete physical, mental and social well-being, and not merely the absence of disease and infirmity" (18). It was emphasized that school nurses must be concerned with helping each student reach his highest possible level of health within his changing environment.

Working in groups on factors contributing to high-level wellness, the participants decided that:

1. The basic needs of the *individual* are a healthy hereditary background, adequate diet, shelter, recreation and rest, and a healthy body and mind.
2. The requirements for a healthy *family* are security (freedom from harm and disease), love, healthy value system, sense of belonging and sharing, trust within relationships, recognition of each member's value and contributions, respect for each members' rights, cultural opportunities, and a concern for others, within and outside the family.
3. A healthy *environment* consists of a safe, healthy ecology, satisfying peer relationships, facilities for recreational pursuits, people concerned for the welfare of community members and for society in general, educational opportunities for all levels of ability and interests, institutions concerned about the welfare of people, and opportunities for cultural and creative pursuits.

The School as the System

An orientation in school organization can help the nurse understand the purpose of education today, the methods used to develop that purpose, and the system designed to facilitate the processing of the methods. With this basic information, she can see how her contributions of health information can be integrated into the total learning environment.

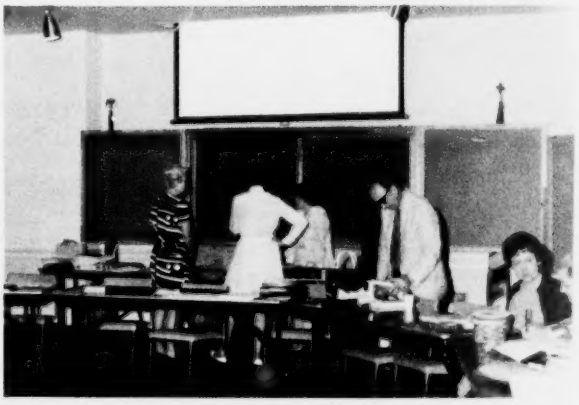
The school nurse must have a general understanding of the responsibilities of all staff members, from the administrator to the custodian, and the related interdependence of these responsibilities to comprehend the cohesive functioning of the total educational unit. In addition, the nurse must recognize where and how she fits into the system's structure – and be certain that other staff members know where and how she fits into it – in order to feel secure and comfortable in her job. This knowledge is important whether she is employed by the board of education as a full time staff member or by an agency outside the school providing part-time services to the school.

Presentation. A narrated filmstrip was shown, *A School Is People* (22), which portrays the important roles of each staff member in the school. An executive of a national school administrators' association spoke on "Education in Today's Society," stating that "continuing experimentation in curriculum design has demonstrated greater efficiency and effectiveness with the result that fewer students are dropping out of school and greater numbers are continuing education through college and graduate programs." He stated that federal aid to education has encouraged educators to research more intensively the ways in which children learn, and described several innovative programs, such as nursery and preschool programs for deaf children from 13 months of age and a preschool program for

children of low income parents developed cooperatively by the school system and health department with parent involvement.

A panel of school staff members described their responsibilities and explored the role of the school nurse in various organization structures (such as the system where the nurse is employed as a member of the school staff by the board of education and functions as a member of the pupil personnel unit or the system where she is a member of the overall health program staff.

Participants listened to a recording of an address "The Effect of School Failure on the Life of a Child" by William Glasser (20). Dr. Glasser stated that "schools must keep kids on the success side," rather than emphasizing reasons why children fail.



Workshop Participants

WORKSHOP SCHEDULE

ORIENTATION → | **GOAL I**

First Day	Second Day	Third Day	Fourth Day	Fifth Day
DEVELOPMENT OF THE INDIVIDUAL	**HIGH LEVEL WELLNESS**	**THE SCHOOL AS THE SYSTEM**	**ASSESSMENT**	**ASSESSMENT (con't)**
Guest Consultant	*Guest Consultant*	*Workshop Instructor*	*Workshop Instructor*	*School Physician*
Presentation	Presentation	Introduction	Optimal wellness influencing factors	Student health appraisal
Development of collages: What Makes Up the Life of a Child	Small group study: Contributing factors of: home school community	Filmstrip on school personnel: *A School is People*	Concepts	*Specialist-Learning Problems*
Introduction and application of: "Six-Area Framework"	Reports to: total group	*Guest: School Administrator*	Film on observation: *Looking at Children*	The diagnostic evaluation of children with learning problems – with slides & video tapes
Analysis of: "A Case Study of Carol Davis"		"Education for the '70's – Individualizing Education"	Group Discussion	
Group Discussion:	Group Discussion	*Panel:* Representative school personnel: responsibilities functioning coordination	Analysis of total student school record (Six-Area Framework)	Group Discussion
Individual case situations (from group)		Group Discussion	Small group study Film on learning disabilities: *Early Recognition*	*Workshop Instructor*
Summary		*Workshop Instructor*	Group Discussion	Priority considerations: demographic studies preparation uses
		Implication of *the System* for the school nurse	Planning for laboratory experiences for health appraisal screening techniques – small groups.	INTERVENTION influencing factors skills required by school nurse
		Taped recording on school failure: *The Effect of School Failure on the Life of a Child*		Group Discussion
		Group Discussion		
		Impressions of Participants: Orientation		

GOAL II			GOAL III	
Sixth Day	**Seventh Day**	**Eighth Day**	**Ninth Day**	**Last Day**
INTERVENTION (con't)	**ENVIRONMENT**	**STRESS (con't)**	**HEALTH EDUCATION CURRICULUM**	**PARENT EDUCATION**
Panel: Community agency representatives purposes services policies Group Discussion *Workshop Instructor* Film on health resources – coordination for effectiveness: *Where It Hurts* Group Discussion Communication Skills Introduction Film on communication: *The Task of the Listener* Group Discussion The school nurse in communication hypothetical situations Impressions of Goal I	*Project Director* Introduction Life space of student home community school interrelationships *Director of Safety Programs* Presentation policies procedures implementation Group Discussion *Workshop Instructor* Stress (Emotional Environment) Introduction Group Discussion Film on effects of stress on student: *The Summer We Moved to Elm Street* small group analysis Role play Group Discussion	*Workshop Instructor* Theory interpretation Stress to self school nurse students teachers parents Group Discussion Problem situation analysis intervention prevention Impressions of Goal II	*Panel: School and community health educators, including two workshop participants* objectives program planning adaptation staff education Group Discussion *Workshop Instructor* School nurse as health educator students staff community Group Discussion	*Workshop Instructor* Introduction Slides of a school health program Group Discussion: purposes uses Film on total community planning for children: *To Touch a Child* Group Discussion school nurse in community planning Impressions of Total Workshop Experience Post-Workshop Questionnaire

Part II

The Curriculum

INTRODUCTION TO SCHOOL NURSING CURRICULUM

Overall Concept: Health for Education ⟷ Education for Health*

INTRODUCTORY STATEMENT

Educating children and youth is a prime concern of society. New methods are constantly being initiated and researched for greater effectiveness in guiding the individual toward self-awareness, self-realization, and toward meeting the needs of a complex society. To develop the school as a humane institution we must be concerned with individualized learning and individualized living with total school and community participation (3).

It is within this concept of individual development that the school health service gains recognition for its essential partnership with the total educational effort. School nursing is concerned with the promotion and maintenance of high level wellness within the educational setting, and therefore differs from other aspects of nursing where the emphasis is likely to be centered on illness.

The overall concept of Health for Education ⟷ Education for Health provides a comprehensive educational approach to the dual responsibility of the school:

1. to promote and maintain the physical and emotional wellness of each student to its maximum potential so that he will be better equipped to benefit fully from his education
2. to provide experiences for learning the rewards of good health practices as a way of life.

The relationship between the effective implementation of these two areas is so intermeshed that they cannot be viewed and practiced in isolation. Furthermore, health program activities must be integrated into all areas of the total educational program and extended into the community – with the focus constantly on high level wellness. The opportunity to function within the school system offers health personnel unlimited opportunities for effective health education to children during their formative years, and for joining efforts within the school and community to provide for the welfare of the school population.

The curriculum for *Introduction to School Nursing,* with the overall concept of Health for Education ⟷ Education for Health, provides an initial orientation in the areas of *development of the individual, high level wellness, and the school system structure.*

Foundation knowledge in these orientation areas is designed to assist the school nurse to understand that:

1. growth, development, and wellness constitute a dynamic continuous process of interrelated and interdependent physical, emotional, and social factors unique to each individual.
2. the growth, development, and wellness of an individual are influenced by his behavior and factors within his environment.
3. each individual must be concerned with maintaining a continuing dynamic equilibrium of the interrelated and integrated energies of the body, mind, and spirit within a rapidly changing environment.
4. knowledge is basic to planned, purposeful action that contributes to optimal growth, development and wellness.
5. the school system offers opportunities to promote and maintain optimal growth, development and wellness.

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*As presented by Dorothy C. Tipple in *The School Health Program*, unpublished bulletin of School Health Services, New York State Department of Education.

CURRICULUM OUTLINE

GOAL I: EVERY STUDENT SHALL BE PROVIDED THE OPPORTUNITIES TO PROMOTE AND MAINTAIN HIS HEALTH TO THE HIGHEST LEVEL POSSIBLE FOR HIM.

Objectives:

I. *The school nurse will develop the ability to evaluate the student's level of wellness by applying knowledge of growth development and high level wellness. She will be able to:*
   - A. *perceive the student's optimal wellness as a functioning balance of all interrelated factors.*
   - B. *develop skills to investigate the student's wellness by utilizing resources of his home, school, and community.*
   - C. *identify factors which contribute to and detract from the students' optimal well-being.*
   - D. *interpret the possible influences of these factors in relation to his well-being.*
   - E. *relate the student's wellness to his development and school achievement.*
   - F. *conclude that elimination or modification of factors which unfavorably influence the student's well-being will support his efforts to meet developmental tasks and educational challenges.*

II. *The school nurse will develop skills to formulate plans and procedures to promote student optimal wellness. These skills include the ability to:*
   - A. *define the degree of influence of a health problem in relation to the student's well-being.*
   - B. *be guided by the degree of influence of the health problem on the student's well-being in order to establish priorities for instituting intervention procedures.*
   - C. *differentiate between health problems requiring intervention by the school nurse and those requiring intervention by other personnel within and outside the school.*
   - D. *apply communication skills in procedures to modify or resolve student health problems.*

GOAL II: EVERY STUDENT SHALL BE PROVIDED AN ENVIRONMENT WHICH NURTURES HIS OPTIMAL GROWTH AND DEVELOPMENT.

Objectives:

I. *The school nurse will develop the ability to evaluate the physical, emotional, and social aspects of the student's environment in relation to their influence upon his well-being, development, and school achievement. She will be able to:*
   - A. *perceive the student's environment as influencing his level of wellness.*
   - B. *develop skills to examine factors within the student's home, school, and community which influence his level of wellness.*
   - C. *differentiate between factors which contribute favorable and unfavorable influences upon his level of wellness.*
   - D. *recognize the interdependence and interaction of factors as they create a complexity of influences upon the student's level of wellness.*
   - E. *perceive that the student's development and school achievement are interrelated and interdependent with his level of wellness and influenced by environmental factors.*

F. *conclude that the elimination or modification of unfavorable influencing factors in the student's environment will foster his well-being, development, and school environment.*

II. *The school nurse will develop skills to modify or eliminate factors which have been identified as unfavorable to the student's well-being and functioning ability. She will be able to:*
   A. *organize and prepare a descriptive analysis of the problem situation.*
   B. *assess resources as to their appropriateness for modification or remediation of the problem.*
   C. *apply intervention methods to modify or remedy the problem.*

III. *The school nurse will develop the ability, in cooperation with others, to provide and maintain an environment favorable to the student's development. She will be able to:*
   A. *interpret to the student, his parents, and his school faculty the relationship of a healthy environment to the student's development.*
   B. *develop skills to promote an awareness in others of environmental factors which foster human development.*
   C. *participate in group planning to improve conditions within the students' homes, school, and community.*

GOAL III: EVERY STUDENT WILL BE HELPED TO ACQUIRE HEALTH KNOWLEDGE AND TO APPLY HEALTH PRACTICES WHICH WILL FOSTER CONTINUOUS DEVELOPMENT FOR HIMSELF AND OTHERS.

Objectives:

I. *The school nurse will gain knowledge and skills which will prepare her to contribute to the student's total health education. She will be able to:*
   A. *perceive health education as contributing to the student's total development and quality of life.*
   B. *comprehend the influence of health knowledge upon the student's ability to determine his own attitudes and values.*
   C. *recognize learning experiences as an integral part of the student's health education.*
   D. *perceive that the school offers limitless opportunities for educating the student in health knowledge and practice.*
   E. *implement significant information concerning student well-being and health behavior into the health education curriculum.*
   F. *use all school health services as learning experiences.*

II. *The school nurse will gain knowledge and skills which will prepare her to contribute to the health education of the school staff. She will be able to:*
   A. *perceive the school system as an organization of individuals concerned with the well-being and development of students.*
   B. *perceive the influence of a health educated staff on the student's level of wellness and development.*
   C. *identify, within the school population of students and staff, evidence of a need for increased health knowledge on the part of the staff.*
   D. *implement the evidence identified into the health education program for school staff members.*

III. The school nurse will gain knowledge and skills which will prepare her to contribute to the health education of parents. She will be able to:

A. acknowledge that parents carry the major responsibility for the student's well-being and development.

B. perceive how the student's well-being and development can be influenced by increasing the health knowledge of his parents.

C. identify from individual student and groups of students evidence for enhancing the health education of parents.

D. implement the evidence identified into a health education program for parents.

GOAL I: CONTENT, LEARNING EXPERIENCES, ADAPTATIONS

GOAL I: EVERY STUDENT SHALL BE PROVIDED THE OPPORTUNITIES TO PROMOTE AND MAINTAIN HIS HEALTH TO THE HIGHEST LEVEL POSSIBLE FOR HIM.

INTRODUCTION

In viewing the school's concern for the development of the student's total capabilities, it becomes apparent that his level of wellness is the foundation from which other capabilities are developed. School health services, therefore, must function as an integral part of the total educational process. A child learns more effectively when he is in an optimum state of wellness, yet helping him to arrive at and maintain that level presents a major challenge that requires the specific knowledge and skills of the school nurse.

Helping a student achieve and maintain his optimal level of wellness requires:

1. a critical analysis of the student's health and developmental background
2. periodic assessment of his well-being and ongoing surveillance of his progress
3. utilization of all appropriate resources for the remediation or modification of any conditions which adversely affect his wellness level
4. appropriate learning opportunities for the student.

Efforts within the school health services to improve the student's well-being are directed toward helping him to help himself – to provide motivation for making sound decisions in matters concerning his own health. Of equal significance, parents are helped to assume their rightful responsibilities by providing adequately for their children's health needs. Through skillful counseling they may be guided toward a deeper appreciation of the relationship between wellness and school achievement.

The school offers unlimited opportunities for applying educational principles to activities that promote student well-being and contains, within its staff, a resource of various disciplines interested in the development of the individual. In addition, as one of several social institutions within the community concerned with child welfare, the school cooperates with others to provide a comprehensive approach to a wide range of needs.

It is within this complex structure of varied resources that the school nurse functions to promote the student's optimum development. She contributes her knowledge and skills as a health specialist to the contributions of other disciplines to analyze and determine direction and action.

The objectives of Goal I describe the procedures and methods used by the school nurse to promote and maintain the student's well-being. Related learning experiences demonstrate some of the processes through which objectives are achieved.

GOAL I: EVERY STUDENT SHALL BE PROVIDED THE OPPORTUNITIES TO PROMOTE AND MAINTAIN HIS HEALTH TO THE HIGHEST LEVEL POSSIBLE FOR HIM.

A constructive school health program is committed to promoting and maintaining high level wellness in children. It assures the identification of any existing health problems and develops procedures to resolve them. It utilizes the educational facilities within which it functions to advance health knowledge and to provide learning experiences which contribute to sound decision-making concerning health behavior.

Objective I

I. The school nurse will develop the ability to evaluate the student's level of wellness by applying knowledge of growth, development, and high level wellness.

A. She will be able to perceive the student's optimal wellness as a functioning balance of all interrelated factors.

CONTENT IA

Application of understandings of high level wellness is an ever-changing process – adapting to life's needs throughout one's development. The individual's level of wellness is viewed as the sum total of the contributing and interrelated factors of his heredity, physical and emotional health, and environment.

LEARNING EXPERIENCES IA

The school nurse will discuss the school's expectations of a child. They will respond to a presented situation such as, "Here is a child entering kindergarten. What does the school expect of him?" A school nurse will list the responses of the group on the chalk board. This list might include such expectations as good health, willingness to conform to class routine, willingness to participate in group play, and ability to dress and undress oneself.

The school nurse will describe the characteristics of a "radiantly" healthy child, list these on the board and relate them to the expectations. The list of health characteristics might include ideas that the child be well nourished and well rested, have good motor coordination, be mentally alert, self sufficient, and emotionally secure.

The school nurses will demonstrate and discuss the interrelationships of physical, emotional, and social factors which affect the balance necessary for optimal functioning.

Objective I.

B. The school nurse will develop skills to investigate the student's wellness by utilizing the resources of his school, home, and community.

CONTENT IB

An investigation of the student's level of wellness must consider his:

1. past – heredity, health, and developmental history
2. present – ongoing surveillance and periodic health appraisals at developmental levels of physiological change
3. future – potential state of wellness involving utilization of all sources of information available to the school nurse.

The school provides the following information:

1. school achievement record
2. cumulative health record (including psychological and psychiatric reports)
3. health and developmental history
4. medical and dental reports
5. attendance record
6. observations by teacher(s), school nurse, and others.

These records and reports may include much significant information concerning the student. Careful review should help the nurse gain an understanding of the student's level of well-being, developmental pattern, and his functioning in his school and home environment. All such information is a basis for further investigation and interpretation of the student's health appraisal.

The school, through its health service program, provides for the health appraisal of the student's current level of well-being. The routine health appraisal is conducted at periodic intervals, as recommended or legislated by local or state authority, usually at:

1. preschool or kindergarten
2. fourth grade
3. seventh grade
4. tenth grade levels.

The appraisal is provided on a priority basis as a result of referral by student, parent, teacher, or others for:

1. suspected physical symptoms
2. achievement difficulty
3. employment application
4. competitive athletic participation.

Preparation of student for health appraisal involves:

1. teacher-nurse conference
   a. plan for scheduling
   b. discussion of teacher's observations of student's health needs
   c. determination of priorities for student appraisals as a result of information from teacher's observations
2. discussion and demonstration with student or group of students
   a. meaning of good health to him (them)
   b. relationship of good health to his (their) activities
   c. health habits which contribute to good health
   d. how and why the school nurse and physician look at him (them)
   e. importance of talking with nurse and physician and his (their) health concerns
   f. expectations of student during health appraisal (disrobing, etc.).

The routine health appraisal consists of:

1. teacher's observations of student

2. student's general appearance
3. information from student concerning himself
4. health and developmental history, if entering school programs for first time
5. pertinent medical reports.

The home provides information from the student's parents or guardian concerning his health and developmental background which may include:

1. prenatal health of his mother
2. details of the delivery and his condition at birth
3. his physical, emotional, and social development during preschool years
4. his health supervision
5. the family structure and interrelationships
6. socioeconomic and cultural factors of the family significant to his development.

Sources within the community such as family physician and agency personnel may provide significant information concerning his physical, emotional and/or social health.

LEARNING EXPERIENCES – IB

The school nurses will conceptualize the major considerations which contribute to an understanding of the total individual. They will view the student from a three-dimensional viewpoint and discuss the following aspects:

1. health and developmental history – what the student *was*
2. health appraisal – what the student *is*
3. health counseling – what the student *can become*

The school nurses will discuss advantages of viewing a student within the context of past, present, and future. This viewpoint:

1. helps view each student as a total entity with potential
2. places significance upon thorough investigation (history and appraisal) as it relates to future potential
3. places significance on early detection of any condition(s) requiring remediation or modification
4. emphasizes the importance of skillful ongoing surveillance of the student's development
5. emphasizes need for positive approach in all communication with student, teacher, and parent
6. helps to plan constructively short-term and long-term goals with the student and his parent
7. helps to demonstrate the school nurse's scope of responsibility in contributing to the student's development.

The school nurses will become familiar with and analyze the contents of a student's school records. They will:

1. view all available records of an unidentified student through an overhead project
2. observe and discuss information which helps them to understand the student in his total life space
3. list from the student's records evidence of:
   a. health and developmental background
   b. positive factors of health and development
   c. factors which may serve to impede his health and development
   d. relationship between health status and school achievement
4. share information from their lists with the class and have them evaluate the relevancy of the information
5. discuss any additional information that they consider is needed to provide a more complete understanding of the student

The school nurses will observe students in a classroom. To prepare for the experience, they will:

1. view a film which demonstrates skills in observing students and shows physical and emotional conditions of children often seen in school
2. discuss the film as to:
   a. behavioral characteristics and symptoms of students and what they may indicate
   b. how the film helped increase effectiveness of observation
   c. how to keep teachers informed about students on special medication as well as those with severe disorders such as diabetes, epilepsy, and cardiovascular difficulties
   d. in what ways and for what purposes the film might be used with teachers and parents.

The school nurses will listen to a lecture on the health appraisal of students by a school physician and a specialist in learning disabilities. The lecture will include:

1. purposes of health appraisal
   a. to assure fitness for learning
   b. to provide modifications in the school program to adapt to students' needs
   c. to provide programs for students with irremediable conditions
   d. to serve as educational experiences for students
2. appropriate times for appraisal and reappraisal
   a. preschool
   b. entrance to school
   c. periodic periods during school life
3. appraisal by whom and the relationships involved
   a. private physician
   b. school physician and school nurse
   c. other
4. different appraisal methods
   a. continuous observation
   b. health and developmental history

c. screening tests
d. physical and/or mental examination
   (1) routine assessment
   (2) athletics
   (3) employment
5. common health problems among students of various age levels, demographic studies, and their purposes and uses made of them.

The school nurses will become familiar with screening techniques used in student health appraisal. They will:

1. observe a demonstration of screening techniques and practice on each other in small groups
2. record findings on blank health records with supervision.

The school nurses will prepare group projects concerning student health appraisal. They will divide into three groups and prepare projects in the following areas:

group 1: preparation for student health appraisals – accumulating all pertinent information
group 2: preparation for the student health appraisals – the teacher, the class, and the student
group 3: conduct of the student health appraisals

Group members will decide which type of presentation they consider most meaningful to them and other participants not in their group. The presentation may include demonstration, role-playing, etc. They will use all appropriate reference materials and equipment that are available.

Objective 1

C. The school nurse will be able to identify factors which contribute to and detract from the student's optimal well-being.

CONTENT IC

Guidelines within the school health program indicate general standards for assessing student well-being. These include various testing procedures and are established by advisory medical and nursing groups on a state or local level. They should be understood by the school nurse since they help in defining those conditions which may impede the student's development and/or adversely affect his school achievement. An example of guidelines which describe less than acceptable levels of performance in vision screening includes the following:

1. visual acuity in each eye of less than 20/30 on the Snellen test for students in kindergarten and primary grades; less than 20/20 for students in fourth grade and above
2. a difference in visual acuity of more than one line on the Snellen chart between the eyes

3. symptoms of blurring and tearing even though the Snellen test was "passed"
4. failure of the Ishihara color perception test.

The school nurse must be equally alert to less obvious symptoms exhibited by the student which are included within the large area of learning disabilities. These are extremely complex problems which result from a variety of factors, such as:

1. lack of love and security
2. impoverished social environment
3. sensory impairment of hearing and vision
4. psychomotor dysfunction.

A cumulative health record of the student's level of well-being is maintained throughout his school life. Information includes:

1. health history
2. immunizations
3. mental and dental examinations and recommendations
4. screening procedure results
5. referrals
6. teacher observations
7. school nurse notations
8. supplementary records such as:
   a. health history reports from parents
   b. reports of medical and dental examinations by private medical advisors
   c. medical recommendations for program adaptation.

Each observation of the student requires interpretation and evaluation. With the examining physician, the school nurse assesses the student's total health appraisal information in reference to his potential level of well-being and optimal functioning in his school program. They also determine whether his status of health is a high level for him and identify any condition(s) which may impede his optimal functioning and which require further professional investigation. The health appraisal, conducted at periodic intervals of the student's school life, does not end there. Through the cooperative efforts of all school staff members, the student's level of wellness continues to be observed in all daily activities.

LEARNING EXPERIENCES 1C

The school nurses will study and discuss the instructor's guidelines, available from a local school district, which are used to assess student well-being. They will then return to group sessions. Each group will prepare a project for presentation to the total group based upon hypothetical health appraisal findings of a student. (Role play may be an effective technique in this instance and may include representation of the school physician, school nurse, classroom teacher, student, and parent.) The presentation will include the findings of appraisal and how the findings were determined and interpreted.

Objective 1

D. The school nurse will be able to interpret the possible influences of these factors in relation to the student's well being.

CONTENT 1D

In viewing the holistic nature of the student, the school nurse recognizes all the interrelated factors which contribute to his wellness and which equip him to meet his developmental tasks. She will be able to anticipate that his delicate balance of functioning will be adversely affected once a health problem has been defined. Furthermore, it is possible for her to anticipate in what ways he will be handicapped. Should health problems be allowed to persist without treatment, she can predict that influences will become compounded and effective treatment will become more difficult.

LEARNING EXPERIENCES 1D

Continuing the group projects, the school nurses will analyze and describe how deviations, discovered in the health appraisal may affect this (hypothetical) student's physical, emotional, and social well-being. The school nurses will then indicate the predictable effects to the student's' future well-being, should treatment be neglected.

Objective 1

E. The school nurse will be able to relate the student's wellness to his development and school achievement.

CONTENT IE

The student's ability to accomplish developmental tasks is dependent upon his level of wellness to a high degree as has been described in the orientation in development of the individual (page 19). The process of education places challenging demands upon the student. To meet these demands, the student is expected to be as physically, emotionally, and socially fit as is possible for him. It is the understanding of the educational process, in addition to knowledge of growth and development, which equips the school nurse to serve the student's needs. These abilities characterize the school nurse's unique capability: to recognize any factors which influence the student's physical, emotional, or social wellness, to synthesize this information as it affects his development and learning, and to apply nursing skills directed toward supporting him in his efforts to learn.

LEARNING EXPERIENCES IE

Continuing the group projects, the school nurses will extend the analysis to describe how the student's development is related to and dependent upon his wellness and how his scholastic achievement may reflect his wellness level and development progress.

Objective 1

F. The school nurse will be able to conclude that elimination or modification of factors which unfavorably influence the student's well-being will support his efforts to meet developmental tasks and educational challenges.

CONTENT IF

The recognition of wellness as the foundation which influences the student's development and school achievement directs the efforts of the school nurse toward promoting and maintaining high level wellness. Any deviations which threaten the student's optimal wellness must be treated effictively so that the influence is eliminated or modified.

LEARNING EXPERIENCES IF

Continuing the group projects, the school nurses will extend the analysis to predict and explain the sequence of benefits to the student through effective treatment of his health deviations:

1. improvement of his well-being
2. developmental progress
3. school achievement.

Objective II

II. The school nurse will develop skills to formulate plans and procedures to promote student optimal wellness.

A. The school nurse will be able to define the degree of influence of a health problem in relation to the student's well-being.

CONTENT IIA

Defining factors which influence the student's wellness and seeing how they operate in an interrelated way to affect learning constitute the beginning of the nurse's analysis. Further interpretation must be made concerning the degree of influence of the factors and the student's ability to cope. For example, it is one thing to recognize that a student has dental cavities and another to learn that his tooth aches to the point of misery and distraction. Therefore, the nurse must extend her observation skills to a complete analysis of how severely the student's functioning ability is handicapped by the health problems.

LEARNING EXPERIENCES IIA

The school nurse will hear a lecture by the instructor on considerations given by the school nurse in planning for remediation and modification of student health needs. Typical health problems of students are:

1. malnutrition
2. chronic fatigue
3. chronic illness
4. emergency injury
5. battered child
6. drug abuse
7. hearing impairment
8. visual impairment
9. orthopedic problems
10. dental caries and orthodontic needs
11. learning disabilities
12. teenage pregnancy
13. congenital anomalies
14. long-standing health problems (e.g., diabetes, epilepsy, cardiovascular inefficiency, sickle cell anemia).

Defining the degree of severity or influence of the health problem is assisted by:

1. nurse's knowledge of pediatrics
2. medical and dental reports
3. information from examining and/or attending physician
4. information from parent
5. teacher's observation of student
6. nurse's observation of student

Objective II

B. The school nurse will be guided by the degree of influence of the health problem on the student's well-being in order to establish priorities for instituting intervention procedures.

CONTENT IIB

Implementation of intervention procedures to resolve or modify student health problems must receive high priority in the school health program. Having analyzed the health appraisal findings of a group of students, the school nurse recognizes that much time will be required to process appropriate methods to care for all needs. An organized plan for follow-through procedures should be developed to guarantee immediate concentrated attention on those conditions which constitute severe handicaps. This is not to indicate that health problems of a lesser degree do not receive conscientious follow-through. Every condition, defined or suspected, that affects a student's well-being must receive professional investigation, treatment as indicated, and recommendations for adjustment of his educational program. Each follow-through procedure begins with a referral to the student's parents. Effective procedures encourage, rather than replace, parental responsibility.

LEARNING EXPERIENCES IIB

Demographic studies will be used to:

1. determine health needs:
   a. of total student population
   b. of students at various developmental levels
   c. reflected by race, economically and culturally disadvantaged, etc.
2. evaluate effectiveness of past health service procedures
3. hypothesize as to why procedures were or were not effective
4. determine more effective procedures.

Information in the lecture content will be used to establish priorities for health problems of a severe nature requiring immediate remediation, and to develop plans and procedures for intervention methods for health problems of a total student population.

Objective II

C. The school nurse will be able to differentiate between health problems requiring intervention by the school nurse and those requiring intervention by other personnel within and outside the school.

CONTENT IIC

Frequently the broad range of resources within the school are not fully recognized or understood as to their potential impact upon resolving students' difficulties and supporting their efforts in the educational process. The faculty of a school program designed to prepare students for life experiences comprises many varied disciplines in addition to the regular instructional staff, such as: school physician, school nurse, supervising dentist, dental hygienist, consulting psychiatrist, psychologist, child development specialist, speech and hearing therapist, guidance counselor, social worker, and teachers of exceptional students. It is imperative for the school nurse to know about the services offered by these specialists.

The school nurse should be aware of her own capabilities and how she perceives applying skills which effectively resolve or modify health problems. She may find it possible to function independently or in concert with others, depending upon her analysis of all factors involved. Only after determining which resources pertinent to the problem are unavailable within the school does she seek them in the community. Services provided by community resources cover a wide range of public and private agencies as well as private practitioners. Here, too, the nurse must know the types of services provided in order to use them to greatest advantage for students. Determining the particular assistance and source appropriate to resolving the student's health problem requires careful study and discrimination. It may be time-consuming initially, but will prove effective and conserve much time and effort in the long run.

LEARNING EXPERIENCES IIC

The school nurses will listen to a panel of representatives from community agencies appropriate for working cooperatively with school health personnel. These agencies may include:

1. public health department
2. mental health department
3. public assistance department
4. child welfare department
5. family court
6. probation department
7. service clubs (Lions, etc.).

There will be discussion by panel members of the following topics:

1. purpose of agency
2. specific population served
3. services provided by individual agency
4. agency's policies (including fee schedule)
5. method of making referrals for agency's services
6. manner of exchanging information with school health personnel
7. cooperative relationships among agencies.

The school nurses will exchange information with panel members to gain an understanding of the appropriateness of services. Pamphlets describing each agency's services may be made available to the nurses for future reference.

The school nurses will offer hypothetical student health problems and analyze them with the guidance of the instructor, as to considerations given to determining appropriate personnel for intervention methods:

1. description of the health problem
   a. how it was caused
   b. whether previously treated and results of treatment
   c. how and to what degree it affects student's wellness and functioning
   d. how problem is viewed by students and parents
   e. type of service(s) indicated
   f. evidence of need for extended follow-through
   g. particular skills needed for intervention
   h. whether any personnel are already involved, in what way, and with what results
2. assessment of resources available
   a. personnel with appropriate skills within the school
   b. personnel with appropriate skills outside the school.

Objective II

D. The school nurse will be able to apply communication skills in procedures to modify or resolve student health problems.

CONTENT IID

Many avenues for communication are open to the school nurse in her efforts to implement effective measures to improve and promote student well-being. She utilizes and selects communication skills appropriate to the individual situation and to the individuals with whom she is relating. In processing follow-through of student health needs, the following methods and purposes may be applied:

1. parent notification in writing
2. parent health counseling
   a. interpretation of health problem as it affects the student's well-being
   b. assistance in planning for and utilizing appropriate private or public community resources
3. student health counseling
   a. interpretation of health problem and/or level of wellness in relation to the student's functioning
   b. provision of opportunities for the student to make appropriate decisions concerning his own health, depending upon his age and maturity.
4. conferences with the student's private physician or community agency personnel
   a. interpretation of the significance of the student's health problem to his educational program
   b. indication of the kind of information required for useful application in adjusting his educational program
5. conferences with appropriate school staff members
   a. interpretation of the student's health problem and/or medical recommendations in relation to his educational program
   b. assistance in planning and implementing appropriate adjustments of the educational program or facilities
   c. assess with others the student's progress at intervals appropriate to the situation
   d. effecting modification or adjustment of program, as indicated.

LEARNING EXPERIENCES IID

The school nurses will receive an introduction to communication skills as they apply to intervention methods. They will view a film pertaining to the skills of listening and discuss the film's content as to:

1. why some communication is (is not) effective
2. how listening contributes to understanding and communication
3. how listening preempts judging.

The school nurses will indicate activities of the school nurse in which communication skills are significant. Responses will be listed on the chalkboard, such as:

1. obtaining health and developmental history from parent

2. obtaining teacher's observations of a student
3. referring student's health condition for professional investigation
4. interpreting student's health to himself, his parents, and his classroom teacher
5. participating in team functioning
6. establishing referral procedures with a community agency
7. teaching a unit on nutrition
8. advising the school principal about a teacher's health problem.

The school nurses will discuss the application of communication skills in a case conference with school personnel. They will demonstrate in a hypothetical situation how the school nurse:

1. shares health information and interprets it to others
2. plans with others to implement health information recommendations into the student's program.

The hypothetical situation might be:

John's physician has indicated that he may return to his kindergarten group next Monday for the remainder of the school year. He has had an extensive medical investigation as a result of the school physician's referral of a cardiac condition and will have surgical repair of a defective value during the coming summer. The physician has stressed that John should be treated as a "normal" child and have no restrictions on his physical activities, but must be observed for any symptoms of cyanosis or shortness of breath, which should be reported to him.

John's mother has expressed to the school nurse her concern about John's return to school, preferring to keep him home where she "can watch him."

The school nurses will analyze the situation from the viewpoint of the student's adjustment in his school situation:

1. What information needs to be shared and interpreted and with whom?
2. How will plans evolve for adapting and implementing recommendations into his program?
3. Why is a case conference appropriate and useful in this instance?

The school nurses will discuss basic considerations given to communicating with a young student, such as how to:

1. establish trust and confidence
2. have concern for him and show it
3. be understanding and accepting
4. show that you value him as a person
5. be fair – recognize his rights
6. view a situation as he sees it
7. show interest in his efforts
8. be supportive.

The school nurse will indicate through role play: what John needs in this situation and how the school nurse communicates with him concerning these needs. The school nurse will suggest and analyze additional situations which require communication skills, such as:

1. counseling parents about student health needs
2. counseling school staff members and community personnel participating in conferences
3. assisting parents in more effective communication in their efforts to secure health services.

SUMMARY OF ADAPTATIONS FOR GOAL I*

In assessing student wellness the nurse should ask:

Why assess?
What kinds of assessment are necessary?
How does one assess?
From whom does one find what needs to be assessed?

When analyzing the influences that may occur at any given point in an individual's development, the nurse must ask herself, "At *this* point in time, what is occurring to *this* child—and what are the sources of information which will help me to know?"

The film, *Looking at Children* (21), was used to demonstrate the application of observation skills. After discussing certain clues that had been picked up from the children's behavior, the participants were asked, "What does it mean to a child to be different?" Their responses were, "The child will view himself in a negative way," and "If you feel different, you can't function well." These indicated that the participants recognized the interrelationship of wellness and functioning ability.

An analysis of a total school record was made possible by securing mimeographed copies of a student record, with all identification removed. The following questions were offered for the nurses' consideration in viewing information on the record:

1. How do you look at it?
2. Who wrote it?
3. Is it valid?
4. How far removed from the situation is the source of information – primary, secondary?
5. What about behavior – Is it a one-time thing? Is it representative of his behavior pattern?
6. How can the information be validated?
7. What further information is needed?

Participants were able to perceive the limitations common to some school records: 1) limited information, 2) information of a general rather than a specific nature, 3) lack of consistency in information 4) errors in information, and 5) ambiguous statements concerning the student.

As the participants reported the results of their record study to the group, they began to recognize that they were embellishing some of the information with their own assumptions and interpretations. They were helped to become more aware of the necessity for discrimination in gathering and organizing information and for a valid basis for assessment.

The Six-Area Framework for Analysis was considered an appropriate guideline for gathering and organizing information from the record. It promoted consistency in the use of an evaluative instrument and provided the participants with an opportunity to become more practiced in using such tools. The participants observed that the

*The overall design of the curriculum's content and learning experiences was used at the workshop. However, since the curriculum was intended for inexperienced school nurses and most of the participants had had some experience in school nursing, some changes were made. Adaptations after each goal reflect these changes and summarize what happened at the workshop.

use of the framework, even though a rather lengthy process, prevents the nurse from viewing the student only in the limited physical sense.

It was also pointed out that classroom observation and health office visits offer the nurse opportunities to understand better the student and to gather some impressions of his self-image and his strengths.

Planning for Intervention Procedures

The film, *Early Recognition,* (19) extended the nurses' understanding of the interrelationships among wellness, development, and school achievement, and described why assessment of students at an early age is of particular significance. The film portrayed the characteristics of children with various learning disabilities and emphasized the need for early identification. It also showed how students can be helped when learning techniques appropriate for their disabilities are applied by specially trained teachers. Discussion following the film explored ways in which the nurse may participate with the classroom teacher and others in assessing behavior patterns and investigating causative factors.

The student health appraisal was discussed by a school physician. She described the significance of appraising the student's wellness in relation to his development and his potential for learning. In explaining the details of the physician's appraisal, she stressed the need for continuous evaluation.

She also urged that good communication be maintained among all personnel concerned with the child, or the total health appraisal has little purpose. In discussing the need for skillful communication in interpreting to the student, his parent, and his teacher the health needs that have been identified, she suggested that the physician and nurse carefully evaluate, through feedback, these questions:

1. What hit home?
2. Did it hit home yet?
3. To whom did it hit home?
4. What is not hitting home?
5. Why is it not hitting home?

A pediatric specialist in children's learning problems described his program. Two significant factors were cited as responsible for the program's effectiveness: 1) defining and utilizing what the child has to work with successfully and 2) involving the child, his parent(s), teacher, and in some cases the school nurse in developing and carrying out a step-by-step plan to promote his development. He stated that diagnostic evaluation should uncover what needs to be done to make it possible for the child to succeed and demonstrated with videotapes the series of simple tasks used to reveal indications of the child's neuromuscular development.

He also pointed out that other evaluative programs differ in that their concern has been to establish categories, such as "dyslexia," "minimal brain dysfunction," "mental retardation," or "emotional disturbance." He indicated that the practice of labeling a child serves little purpose other than to compound his handicap. In order to extend the concept of dealing with children's learning problems, the hospital center provides personnel to develop and conduct pilot programs with local schools and also has established a training program for professionals interested in developing similar programs in other areas of the country.

Follow-through

The workshop instructor proposed that the school nurses think critically about planning for efficient and conscientious follow-through for all health needs identified within the student population. The instructor demonstrated how demographic studies may be used by the school nurse to determine priority factors in her planning.

A sample of possibilities were suggested for compiling statistical data

1. Classroom Origin of Children Visiting Health Office
   Teacher Boys Girls Total

2. Referrals for Vision Problems Identified Through Screening
   Year Pre K K 1 2 3 4 5 6

3. Health Problems Identified for First Time in Four Schools
   Problems School #1 2 3 4

4. Physical Findings in the Examination of 480 Adolescents
   Diagnosed Condition Number Percentage

Reference was made to Simon's *The Management of Health Problems of Secondary School Students* (17) as a helpful resource. The school nurses perceived the usefulness of the data in establishing priorities in the follow-through of student health needs, and also in:

1. assessing the emotional climate of a classroom situation
2. planning appropriate educational programs for students and/or parents
3. determining a sensible work schedule which would allow more time in a school with a high percentage of health needs than in one with fewer needs
4. planning for counseling groups of students with similar health needs and/or interests
5. interpreting student health needs to a supervisor or administrator.

The instructor explained additional purposes for accumulating statistical data, as bases for:

1. evaluating the effectivness of the school health service program
2. setting goals for future planning
3. substantiating evidence for accountability
4. recommending needed change
5. research development in school health.

Participants were encouraged to experiment with demographic techniques in their school situations and to study David Fox's *Fundamentals of Nursing Research* (4).

In remedying health problems, the nurse must distinguish between the problems which are her responsibility and those which require the skills and facilities of others. Two basic considerations were discussed: 1) the nurse must recognize her own skills in relation to the need and how it is to be served; and 2) she must know the resources that are available within the school and community and how to use them effectively. It was advised that the nurse

thoroughly assess the resources within the school before referring a student to outside agencies, since many problems may be resolved by the nurse working with the social worker, psychologist, guidance counselor, and others.

A panel discussion of representatives of health and welfare agencies within the community was included. However, the participants were reminded that community agencies have certain restrictions in their selectivity policies, such as financial eligibility of the family and categories of specific health and welfare problems of which the nurse must be aware when interpreting their services to parents. It was concluded that it is wise for the newly assigned school nurse to make an immediate effort to solicit the help of those who have had experiences working with resources.

In addition to the services expected of health and welfare agencies, recently developed innovative facilities and programs were described, such as those created to handle drug abuse, venereal disease, teenage pregnancy, and young runaways. A free discussion period followed the panel's presentation, and pamphlets descriptive of each organization were distributed to the participants.

The film, *Where It Hurts* (26), was presented to show the importance of demographic studies and their connection to ways in which comprehensive health services may be developed within a community. It begins with a caricaturized description of the frustration that an individual experiences in seeking help for a simple health problem and cites the exorbitant waste of time, energy, and money in the process. The location of satellite programs in so-called target areas for assuring accessibility and the advantages of training certain members of the "disadvantaged" population to help educate others in the utilization of health services were cited as important factors.

Communication

The film, *The Task of the Listener,* (24) was used to introduce the area of communication. Dr. S. I. Hayakawa explored the question of why one form of communication is effective while another is so obviously ineffective that it appears to be totally rejected. He cited the theories of several experts who explain that if one person's message in any way threatens the self-concept of the other, a defensive reaction occurs and the message is "short-circuited." He stated that nonevaluative listening (a technique used by Carl Rogers) is necessary to restore effectiveness – one must listen as well as speak if he hopes for results in interacting with others.

Discussion of how the school nurse communicates with students particularly emphasized the need for sensitive evaluation of what occurs during an interaction. The instructor recommended that the nurse attempt to analyze what the student is indicating to her in nonverbal as well as verbal ways. The nurse should also look critically at *what* she is saying and *how* she is saying it to students. Tape recording an occasional activity in the health office was offered as a way for the nurse to become more aware of her own pattern of communicating. Becoming a more skillful listener—to herself as well as to others—may help her to recognize ways to improve the quality of her interactions.

Group discussion related the many avenues of communication used by the nurse as the health consultant in a school setting. Handling health information through interviewing, interpreting, counseling, and consulting requires expertise in interaction with many different types of people. This responsibility explains the unique identity of the nurse in education because she relates the significance of health information to the student's overall development which includes his school adjustment and achievement.

The participants cited experiences that they had had in their work situations and these were used to analyze why their communication had (or had not) been effective. The variety of situations discussed covered those listed in the

learning experiences of the curriculum, plus others. Since the participants came from a wide variety of socioeconomic settings, there were many opportunities to explore ways of communicating with parents in poverty situations, various ethnic groups, and in other special need areas. It was stressed that the nurse, in relating with others, must remain conscious of the significance of preserving the dignity and autonomy of the individual and his family, and that her efforts must be directed toward *helping others to help themselves.*

Respect for the confidentiality of information is an important aspect through which the nurse maintains a trusting relationship with the student and his parents. It was explained how the nurse, in interpreting information concerning a student, may discriminate between that information which is of a privileged nature and that which others must know in order to provide necessary adjustments in the student's program. The nurse must also give similar consideration in deciding what information is appropriate and significant for the student's health record.

To further help the school nurse, the instructor asked if anyone required laboratory experience in vision and hearing screening. Since many indicated that they did, the project administrator arranged a lecture on the health education aspects of a school vision and hearing program. In addition, a schedule was arranged for small groups to practice with vision charts and autiometers following the conclusion of the workshop day.

GOAL II: CONTENT, LEARNING EXPERIENCES, ADAPTATIONS

GOAL II: EVERY STUDENT SHALL BE PROVIDED AN ENVIRONMENT WHICH NURTURES HIS OPTIMAL GROWTH AND DEVELOPMENT.

INTRODUCTION

As every child has the right to an education appropriate to his capabilities, so has he the right to grow and develop in an intellectually stimulating atmosphere. His school must provide an atmosphere that is safe and healthy, both physically and emotionally, where learning is a joyful experience rather than a chore. He should be surrounded by staff members with healthy personalities who have appreciative concerns for him as a human being as they help him develop into a fully functioning individual with his own concerns for others.

His home should be one of love and security where he feel that he is an integral part of the family unit and gains an early appreciation for his identity. He must have his physical needs of adequate food, rest, activity, and clothing met as a prerequisite to a sense of adequacy and well-being. The community in which he lives should provide appropriate facilities and programs to promote and maintain the well-being of all its members, with concern for children and youth held in high priority.

The school nurse views this healthy balance of physical, social, and emotional environments as the goal toward which parents, members of the community, and school personnel must contribute. She remains constantly alert to factors which create instability for the child at home and in school, and assists those involved in efforts to alleviate and improve them.

The objectives of Goal II demonstrate processes and methods of the school nurse which foster and maintain a climate conducive to the child's wellness, development, and educational progress. Related learning experiences offer opportunities for the practice of these objectives.

GOAL II: EVERY STUDENT SHALL BE PROVIDED AN ENVIRONMENT WHICH NURTURES HIS OPTIMAL GROWTH AND DEVELOPMENT

The student's growth and development may be influenced favorably or unfavorably by interacting forces within the physical, emotional, and social factors of his home, community, and school. This complex structure, unique for each individual, must be evaluated on the basis of its influence on the student and his ability to adjust to it. Means are introduced to maintain an environment favorable to growth and development and to modify or eliminate unfavorable influences.

Objective I

1. *The school nurse will develop the ability to evaluate the physical, emotional, and social aspects of the student's environment in relation to their influence upon his well-being, development, and school achievement.*

A. She will be able to perceive the student's environment as influencing his level of wellness.

CONTENT IA

The school nurse applies her knowledge of high level wellness to all factors within the student's environment. The student's environment, viewed as his total life space, comprises the interrelated physical, emotional, and social factors of his home, community, and school.

	Physical Environment	*Emotional and Social Environment*
Home	hereditary factors standard of living safety and comfort nutrition, sleep, rest, recreation medical and dental supervision and treatment	hereditary factors love and security family relationships sense of belonging to family unit attitude and values concerning child development, health, and education opportunities for challenge and adventure
Community	safety control of environmental hazards recreational facilities child welfare and health resources	cultural opportunities opportunities for challenge and adventure relationships with peers and adults
School	buildings which provide adequate heating, lighting, ventilation; safety equipment in all areas with special attention to: playgrounds, athletic areas, science laboratories, industrial arts departments	healthy relationships among administration and staff teachers and parents teachers and students students and peers attitudes and values concerning child development and child health among staff and administration

LEARNING EXPERIENCES IA

The school nurses will view the student's environment as a totality of the physical, emotional, and social factors within the home, community, and school. They will pretend to be students of a specific age and will suggest:

1. what they would like their home to be like
2. what characteristics they would like their family members to have
3. what kind of community they would like to live in
4. what they would like their school to be like
5. what characteristics they would like their principal, teacher, school nurse, and other staff members to have.

Responses will be listed on a chalkboard under the headings of home, community, and school.

The school nurses will relate how the responses contribute to the student's wellness and discuss how all factors contribute to a healthy balance in the environment for the support of the student. For example, by altering a favorable factor to an unfavorable one, the school nurses will indicate how the balance is affected, and in turn, how the student is affected.

Objective I

B. The school nurse will develop skills to examine factors within the student's home, school, and community which influence his level of wellness.

CONTENT IB

The student's environment is assessed as it serves to promote and maintain his well-being by:

1. considering basic needs unique to the individual student
2. recognizing that his wellness is a dynamic process of every-changing needs within an ever-changing environment.

LEARNING EXPERIENCES IB

(Same as those listed under Learning Experiences IC.)

Objective I

C. The school nurse will be able to differentiate between factors which contribute favorable and unfavorable influences to his level of wellness.

CONTENT IC

Guidelines, established from knowledge of factors contributing to high level wellness, are applied in determining how factors within the student's environment influence his level of wellness. Since situations affect individuals in various ways, the school nurse must necessarily view his environment as it affects him as an individual. She, then, can function in a more discriminating way to determine factors which foster, as well as detract from, his well-being.

LEARNING EXPERIENCES IB AND IC

The school nurses will view a film on family structure and relationships. They will define and discuss the content of the film as to:

1. parents' roles and relationships
2. sibling relationships with each other and with parents
3. evidence of love and security in the family unit

4. evidence of respect for the dignity and rights of others in the relationships
5. evidence of attitudes and values
6. how this type of home life affects a child's physical, emotional, and social level of wellness.

They will cite examples of unfortunate home conditions and describe how these conditions can affect the equilibrium of the family structure as well as the student's wellness. These conditions may include:

1. inadequate physical facilities
2. lack of adequate nutrition
3. chronic alcoholism of a parent
4. domination by a foreign-born grandparent
5. a mentally handicapped child.

One or two school nurses will describe the community in which she lives. Each will respond to the following questions:

1. What does the community offer my family?
2. Is it safe for my children?
3. What hazards exist?
4. Are there recreational and cultural opportunities for all age groups?
5. Is there parent participation in community programs?
6. How do my children spend their "free" time?
7. Do their relationships with friends extend into school?
8. Are they happy there? Why?
9. What is needed to improve my community?
10. What is being done to improve it?
11. How does my community affect my family's home life?
12. How does the community affect my children's school life?

The remaining school nurses will react to descriptions of factors in the communities which foster as well as hinder the students' wellness.

The school nurses will view some pictures of new school designs which feature:

1. attractive architecture
2. attractive open classroom spaces
3. attractive functional playground equipment
4. learning center areas
5. wall-to-wall carpeting
6. sound treatment of interior.

They will describe how this type of school setting fosters physical comfort, emotional well-being, and opportunities for social expression of its students and staff members.

The school nurses will listen to a discussion by a school physician, a school or health department sanitarian, and an experienced school nurse as to the responsibilities of each and how their responsibilities are coordinated to promote and maintain a healthy school environment with respect to:

1. heating, lighting, and ventilation
2. safe school equipment
3. safe water supply
4. sanitary food handling
5. physical and emotional health of all school personnel, including custodians and cafeteria personnel
6. control measures for communicable diseases and conditions, including tuberculosis case-finding
7. emergency care of sick and injured students
8. student accident insurance
9. liability insurance
10. administration of medications in school.

The school nurses will discuss some problem situations in the school and describe how they could affect the students' health and welfare, as in the following examples:

1. an inefficiently cared for pool
2. a student with a suspicious rash
3. a nurse or teacher without adequate preparation or experience
4. an insufficient number of protective lenses in the industrial arts room
5. a custodian who has a positive tuberculin reaction and won't take the time for a chest X-ray
6. a coke dispensing machine in the gym
7. slippery wax on classroom and corridor floors
8. inadequate consideration for students with handicapping conditions during a fire drill.

Objective I

D. The school nurse will be able to recognize the interdependence and interaction of factors as they create a complexity of influences upon the student's level of wellness.

CONTENT ID

Interdependent and interacting factors within the student's physical, emotional, and social environment may complicate the presenting aspects of the problem situation. For example: a student's lack of sleep and rest may affect his relationships with his peers. On the other hand, his inability to relate in a satisfying manner with his peers may affect his sleep and rest pattern. Lack of skill in analyzing a situation may cause the situation to become more severely complicated. For example, treating a hyperkinetic student's disruptive behavior as a behavior problem only presents the possibility for psychological problems to develop as well.

LEARNING EXPERIENCES ID

The school nurses will hear a lecture by the workshop instructor on the interrelatedness and interdependence of environmental factors which influence the student's physical, emotional, and social wellness. Some environmental situations already discussed by the school nurse may be utilized to demonstrate the possible effects upon the student's physical health, emotional stability, and social adequacy, and how these components are related to and dependent upon each other. These situations include:

1. alcoholism, divorce, death, or poverty in the family
2. inadequate community recreational opportunities
3. lack of needed medical services
4. emotionally charged classroom
5. inadequate school health services.

Contributing factors are cited, as they create a chain of anxiety-producing influences which result in stress to the student. The school nurses will relate the subject of stress to themselves by citing some personal responses to stressful situations, such as:

1. how they felt physically
2. how they treated their children, husband, friends during the episode
3. how their functioning balance was affected and finally restored
4. how some stressful situations have motivated them to constructive action.

The school nurses will view a film on the causes and effects of emotional stress to a student. They will observe and discuss evidences of:

1. symptoms of stress
2. sources of anxiety-producing influences
3. interaction of these influences
4. resulting complexity of the problem.

Objective I

E. The school nurse will be able to perceive that the student's development and school achievement are interrelated and interdependent with his level of wellness and influenced by environmental factors.

CONTENT IE

How the child develops and achieves satisfaction in his school efforts is dependent upon how well he is equipped for the experience and how capable the environment is in fostering his achievement. All aspects of the student's well-being and development, as they are influenced by forces within his environment, are intertwined to the extent that a weakness in any one factor can affect overall functioning capability. It is the recognition of this concept of interrelationships which equips the nurse to perceive the complexity of the child as a student.

LEARNING EXPERIENCES IE

The school nurses will relate stress to functional ability and discuss possible feelings of anxiety in a novice school nurse in:

1. orientation to a new situation
2. demands from many sources for her assistance
3. conference with a supervisor and/or administrator
4. communication with a parent in a home visit.

The will indicate how anxiety is compounded in attempting to function in this new situation when she has a severe headache as a result of loss of sleep, depression from the death of a relative, or other influencing factors. They will describe how her functioning ability may be affected.

The school nurses will relate the insights gained from analyzing environmental situations which influence the nurse's wellness and thus affect her functioning capacity, to an understanding of the same process as it occurs to the student. In this analogy, the school nurse recognizes the increased vulnerability of the student to environmental influences in contrast to the school nurse as a professional adult individual.

Recalling the film on stress, the school nurses will describe the effects of stress on the student's learning process and on his ability to relate to others in a satisfactory manner.

Objective I

F. The school nurse will be able to conclude that the elimination or modification of unfavorable influencing factors in the student's environment will foster his well-being, development, and school endeavors.

CONTENT IF

Early elimination or modification of factors which adversely influence the student's physical and emotional wellness wlll serve to promote his development and scholastic achievement. Influences in the home, community, and school which hamper the student must be dealt with by the school nurse through directing attention to their relationship to his well-being and development. By improving the student's environment, she can anticipate a level of wellness conducive to scholastic endeavors.

LEARNING EXPERIENCES IF

The school nurses will recall and describe from the film on emotional stress:

1. how the student's wellness might be improved by eliminating the causative factors within his environment
2. if elimination of factors is not possible or feasible, how the influence of the causative factors might be modified
3. how the student's functioning and learning ability may be supported as a result.

Objective II

II. The school nurse will develop skills to modify or eliminate factors which have been identified as unfavorable to the student's well-being and functioning ability.

A. The school nurse will be able to organize and prepare a descriptive analysis of the problem situation.

CONTENT IIA

To improve environmental conditions, one must know how and in what direction(s) to proceed. The school nurse should prepare a careful analysis of the situation before making overtures to a harried parent, frustrated teacher, busy school administrator, or agency personnel member. This preparation might include:

1. a statement of the problem situation
2. collection of pertinent data
3. interpretation of the influence upon the student(s)
4. hypothesis(es) for remediation
5. benefit(s) to student as a result of remediation.

Preparing an analysis in this manner helps the nurse to clarify the situation for herself, to view the details in an objective manner, and to perceive possibility for remediation.

LEARNING EXPERIENCES IIA

The school nurses will learn to utilize the human development framework for analysis in responding to a teacher's request for assistance. An example follows:

Ted has recently lost interest in school. He seems listless and unhappy and doesn't enter into any play activities. He won't tell me what the trouble is. I just can't reach him and I am concerned about him. What do you think might be bothering him?

The human development framework used to analyze this situation consists of considering:

1. physical factors and processes
2. love relationships and related processes
3. cultural background and socialization processes
4. peer group status and processes
5. self-developmental factors and processes
6. self-adjustive factors and processes.

The school nurses may form small discussion groups and consider:

1. initial response to teacher
2. assessment of information offered by teacher
   a. additional information required
   b. where additional information may be obtained

3. planning for accumulating information through:
   a. investigating school records
   b. home visits to parents
   c. information from other school personnel
4. assessment of accumulated information as to:
   a. what forces are creating positive influences
   b. what forces are creating negative influences
   c. how these dynamic forces are interrelating and producing the behavior and adjustment observed in relation to the expectations and demands of his home and school
5. organizing the total information into a descriptive analysis of the situation:
   a. statement of the problem, as observed by the teacher
   b. identification of causative factors
   c. interpretation of the influence of these factors on his functioning
   d. recognition that these influences may be modified or eliminated in order to improve his functioning
   e. statement of hypotheses appropriate toward helping to modify or eliminate the negative influences.

Objective II

B. The school nurse will be able to assess resources as to their appropriateness for modifying or remediating the problem.

CONTENT IIB

Determining appropriate resources to solve problem situations in the student's environment is a responsible task of the school nurse. For the inexperienced nurse, it becomes a formidable task and she should therefore enlist the assistance of others more experienced and aware of existing resources.

Case conferences, in which information is shared and direction is planned, serve as efficient means to analyze problems and to seek solutions through the use of resources. The school nurse participates in case conferences with personnel of other disciplines within and outside the school, such as the classroom teacher, social worker, community health nurse, and psychologist.

The team approach to problem solving is advantageous because it:

1. enhances the information concerning the student and his environmental influences
2. develops hypotheses for implementing intervention methods
3. places responsibility for follow-through procedures.

"Appropriate resources," as used here includes all those existing within the school (including the school nurse), the family structure, and the community – with many and varied disciplines and skills represented.

LEARNING EXPERIENCES IIB

The school nurses will see a film or hear a tape recording on the team approach to problem solving. After the presentation they will discuss:

1. how the members function as a group
2. the kinds of information each contributes
3. how decisions are arrived at
4. how participation in the case conferences assists the school nurse.

Objective II

C. The school nurse will be able to apply intervention methods to modify or remedy the problem.

CONTENT IIC

Intervention methods by the school nurse may require different types of communication with various individuals, such as:

1. counseling the students in stress situations
2. counseling parents about conditions affecting the student and assisting them to utilize appropriate community resources
3. counseling classroom teachers and assisting them to effect appropriate adjustments within the classroom
4. discussing with the school administrator needed adjustments in the school program and building
5. interpreting student's needs to professionals in the community who deal with the student.

LEARNING EXPERIENCES IIC

The school nurses will discuss, under the guidance of the instructor, the school nurse's responsibility in meeting a student's emotional health needs; why these needs should be given priority; how intervention methods may be effective through counseling of the student, parent, and teacher toward:

1. reinforcing positive behavior
2. educating for anticipated stressful situations
3. reducing tension and anxiety
4. building self-esteem
5. developing insight and understanding of behavior
6. enhancing coping skills.

The school nurses will demonstrate, through small group role-play, appropriate intervention methods by the school nurse to prevent or modify the effects of stress on a student in hypothetical situations, such as:

1. a student with a fractured leg adjusting to a new school situation
2. a classroom teacher's negative reaction to a student's epilepsy
3. a cafeteria cashier's personal resentment to students who receive free lunches

4. isolation of a student from school because of a suspicious skin condition
5. a student's fear of parental discipline because of a school injury
6. a student's referral for mental health therapy.

The total group will react to group presentations on:
1. the nurse's understanding of the source of stress
2. mental health principles used by the school nurse in intervention procedures
3. effectiveness of the nurse's intervention and whether the methods were preventative or therapeutic.

Objective III

III. The school nurse will develop the ability, in cooperation with others, to provide and maintain an environment favorable to the development of the student.

A. She will be able to interpret to the student, his parents, and his school faculty the relationship of a healthy environment to the student's development.

CONTENT IIIA

Promotion and maintenance of a healthy environment require the participation of the individual and those who are part of, and contribute to, factors within his environment. Recognizing that factors in an environment can be controlled and manipulated, the school nurse enlists the interest of the student and others closely associated with him. By interpreting ways in which specific factors in his environment influence his wellness, she can help the student, his parents, and teachers recognize that his efforts in school achievement may be materially supported and improved.

LEARNING EXPERIENCES IIIA

The school nurses will hear an introductory statement by the instructor concerning their responsibility to help others understand that:
1. the individual's environment is composed of factors which can be manipulated to his greatest advantage
2. knowledge dictates one's behavior in determining how to manipulate factors to the student's advantage
3. each individual must be helped to develop responsibility for his own choices in manipulating his environment.

The school nurses will form small "buzz" sessions and discuss one factor of the student's environment, such as:
1. healthy personal relationships
2. intelligent choice of foods
3. safety practices in the gym or on the football field
4. conditions for student study
5. use of appropriate health services
6. areas of ecology.

They will discuss how its relationship to his development may be interpreted meaningfully to the student, his parents, and teachers and then report the results of their discussion to the total group, which in turn will react to each report.

Objective III

B. The school nurse will develop skills to promote an awareness in others of environmental factors which foster human development.

CONTENT IIIB

The school nurse is in an opportune position to view the effects of environmental factors upon the total school population. It is her responsibility to educate others – parents, faculty groups, and youth agency personnel – to develop a similar critical awareness. By describing the effects of these factors, for example, she can influence others in the community to scrutinize what is happening to its youth and why.

LEARNING EXPERIENCES IIIB

They will extend the discussion to indicate how the school nurse may function as an advocate to stimulate an awareness of healthy environmental factors among parents, faculty, and community groups. They will suggest preparations for:

1. PTA presentations concerning the importance of maintaining adequate immunization of students
2. presentations to a faculty group concerning adjustment of new students to the school
3. community agency conferences concerning recreational opportunities for students with handicapping conditions
4. other opportunities offered for discussion by the school nurses.

Objective III

C. The school nurses will be able to participate in group planning to improve conditions within the students' homes, school, and community.

CONTENT IIIC

The school health service provides many opportunities for participation in such planning in the school and community because of its interrelated concept of health for education and education for health. Educational programs and improved facilities are needed in many areas that affect the health and welfare of the individual. They include:

1. improved nutrition
2. adequate housing
3. recreational opportunities
4. family living

5. accident prevention
6. consumer education
7. health services (including mental health)
8. use of health services
9. drug abuse
10. teenage pregnancy
11. suicide
12. juvenile delinquency
13. over-population
14. healthy ecology.

Significant contributions to program planning include:

1. knowledge of students' homes and community
2. observed behavior patterns of students
3. observed health practices of students
4. statistical evidence of students' health status.

Programs may include:

1. in-service education for school staff
2. parents workshops
3. mass media resources.

LEARNING EXPERIENCES IIIC

The instructor will give an orientation lecture on the school nurse's significant contributions to planning for improved conditions for all students, including:

1. an assessment of needs for improving conditions based on
   a. knowledge of home conditions and family relationships
   b. observations of student health practices and behavior patterns
   c. results of demographic studies
   d. analysis of causative factors
2. an assessment of existing facilities and programs to meet needs
3. an assessment of unmet needs
4. considerations given to participation in planning
   a. pre-conference meetings with school administrator intended to obtain his approval concerning purposes and procedures
   b. her position in representing the school
   c. maintenance of confidentiality of information concerning individual students
   d. objectivity in contributing information.

The school nurses will react to the following hypothetical situation:

Several students have been referred for mental health therapy. As a result of effective counseling with the parents, the school nurse has learned that the parents sought help for their children only to find that a long waiting period exists before they can be treated at the local mental health center. This is the only resource available which these parents can afford. The school nurse recognizes that these students' needs are urgent and

that the parents are well-motivated at this time but she fears that their motivation may not be easily maintained over a period of time.

They will discuss what the school nurse would hope to accomplish and ask:

1. Is group planning appropriate? Why?
2. Who should be included in planning?
3. How should they be approached?
4. How should present information be presented?
5. How could they participate in cooperative planning to achieve the desired results?

School nurses will offer additional situations within the students' home, school, and community and will examine opportunities for the school nurse to participate in planning for improved conditions.

SUMMARY OF ADAPTATIONS FOR GOAL II

The project director introduced Goal II, which pertains to physical and emotional factors within the student's environment as they influence his wellness and development. She explained that this area of the curriculum was designed to help the nurse, as the health consultant in the school, to perceive the interaction of the individual with his environment and to recognize opportunities through which she may effect a more harmonious adjustment.

Physical Aspects of the School Environment

Safety and healthful living aspects of the school were scheduled for first consideration. The resource person, the safety director of a county school system, explained that the organizational patterns of school systems vary and may include other personnel members; frequently the school physician and/or nurse function in an advisory capacity to the administrator. It was pointed out that, regardless of the school structure, it is important for the nurse to be aware of all factors relating to the safety and well-being of the individual student and of the total school "family."

The safety director outlined a highly organized safety program in an extensive and complex school system. By citing statistics in various accident categories, he demonstrated the need for the school to develop policies to protect individuals from every conceivable injury. He stated that such planning must be coordinated with others, such as various agencies and authorities representing public health, safety, law enforcement, highway control, civil defense, fire protection, liability, and insurance. As a part of this planning, school personnel must develop and practice an emergency evacuation program to assure the safe delivery of every student to his home; this means that parents must supply the school with appropriate information.

Once policies and procedures have been established, an effective communication system must be set up and maintained to enforce regulations. The safety director described the high cost of accidents caused by carelessness not only in terms of loss of life and permanent bodily injury, but also in terms of the tremendous financial loss as a result of classroom instruction missed by students and absence of employees. He emphasized the need for accurate accident reporting and demonstrated how such statistical information is useful in developing safety education programs effective for certain target problem areas.

Further aspects of the program were discussed such as: provision for adequate heating, lighting, ventilation, sanitary water supply and food preparation. The speaker distributed copies of his county's safety manual which

included policies, procedures, and related information, and urged that every school district develop a similar document.

He concluded by stressing that the success of a good safety program is dependent upon the active participation of every member of the school staff and that the expertise of the nurse, in particular, is needed on the school's safety council.

The school nurses explored concerns form their own work experiences. These concerns were used to interpret and demonstrate how the nurse may intervene to improve environmental situations by helping:

1. teachers understand why windows covered with students' art work are inconsistent with a good vision conservation program
2. to work out an organized plan for the care of students in wheelchairs and on crutches during fire drills
3. staff members understand how appropriate size funiture contributes to the comfort of a student
4. them understand why adjustments are indicated for the deaf and visually handicapped children
5. the school administrator realize that a coke-dispensing machine on school premises is inconsistent with the objectives of a health education program.

Stress

The workshop instructor initiated discussion on stress by reviewing concepts concerning the development of the individual as *a dynamic process of seeking ways to cope with life experiences.* She detailed Maslow's theory of basic needs of the individual (7), which includes:

1. food, shelter, and sex
2. safety
3. psychological (belongingness and love)
4. esteem (self-worth and respect of others)
5. self-actualization (personal growth)
6. need to grow and understand.

She then cited illustrations to show how anxiety develops when any of these needs are denied.

Stress and Family Situation

The film, *The Summer We Moved to Elm Street* (23), was shown to the participants to demonstrate how a stressful family situation may affect a child's life. It portrays the disturbances suffered by all family members as a result of the father's chronic alcoholism. Focusing, in particular, upon the young, beautiful, sensitive daughter. The instructor's question, "How does this environment help (or hinder) Doreen in meeting her needs?" started the participants analyzing the situation. Their responses indicated their increasing adeptness in perceiving the total constellation of factors within the family situation, and in defining those which appeared to be supportive as well as those which were potentially destructive. (The carryover from their previous experiences in using the Six-Area Framework for Analysis was evidenced here.)

Participants were divided into small groups to determine what intervention methods might be appropriate for the school nurse to utilize in dealing effectively with this situation. Each group was to select two or three members to role play an instance of the intervention procedure planned by the group. Representatives from the three groups set

the stage for their role play by describing how the school nurse would have prepared for the interaction by gathering all available information concerning the student:

1. developmental level
2. level of well-being
3. peer relationships
4. school adjustment and achievement in relation to apparent potential ability.

The nurse also was to meet the child to establish a rapport and to assess her feelings; determine if, and how, parents had responded to any overtures made by school personnel; and evaluate all information for clues to understand better how the student is interacting.

The actual role play in each instance consisted of the information, during a home visit, between the nurse and the mother, with the father being involved incidentally. It reflected certain considerations taken by the nurse for this initial approach:

1. preparing the parent for the visit by telephoning for a convenient time
2. determining a tangible reason for the visit (as need for immunization)
3. citing positive, complimentary aspects of child (appearance, behavior) to the parent
4. assessing whether or not the parent wishes help
5. attempting to involve the parent(s) in planning for intervention
6. offering appropriate resources available within school and community
7. planning for future visits for follow-up.

The participants had shown evidence of good insight during this initial attempt at role play, and the instructor pointed out that the intervention method with the parents was not dealt with by the nurse in isolation, but had necessitated her involvement with others within the school and community.

This session was concluded with an open discussion of what had been intended by the nurse in each role situation and whether or not her procedure had been effective. While the comments from the total group tended to be supportive and complimentary, those who had played the role of the nurse were quite critical of their own performances. They recognized that they had found it difficult to establish rapport with the parent in a brief time and in an initial contact. They had become anxious when the parent did not respond readily, had found themselves talking too much, and had been overly eager to offer help. In reflection, they noted that they must become more practiced in the skills of good communication – " to listen as well as talk" and must be sensitive to clues from the parent to know what efforts, if any, are indicated at a particular time. The instructor agreed that it is often difficult for the nurse to determine how much to do for a client and how much the client must do for herself. She explained that the parent may not want someone coming into her home and having details of the family situation revealed. In such instances it is important for the nurse to recognize that certain techniques should be avoided in order to maintain an open door for contact in the future.

Effects of Stress on the Individual

The following session pertained to stress and its effects upon the individual. The instructor explained that role play had been included to introduce the participants to a laboratory experience frequently used, "to help a group

get a feeling of a real situation without being a part of it"; and, as such, she discussed how it might be used by the school nurse as an effective technique in problem-solving with students and faculty members.

Another purpose for introducing role play had been to afford participants the opportunity to experience stressful situations and to relate the significance of these feelings to themselves, as individuals. They readily agreed that they had experienced all the physiological symptoms: "funny feeling in my stomach," perspiration, flushed face, dry mouth; and the psychological reactions of discomfort, fear, and anxiety – "like an impending disaster."

One participant's description of herself was, "I am a very private person. I will reveal only what I want you to know." The instructor discussed the implications for the nurse communicating with a parent with similar feelings. She warned that the nurse, in her eagerness to involve the parent, may create reactions of anger and resistance by pushing a parent to reveal more than she wishes. The instructor described how the nondirective approach serves as an effective technique in interviewing and counseling in such instances to assure that the nurse goes no further than the individual is ready to go, that she picks up only the kinds of things that the individual appears comfortable to discuss, and that she is cautious about initiating new directions.

Stress and the School Nurse

The attention of the school nurses was then directed to stress, as they had experienced it in their jobs. Some of the anxiety-producing situations they cited were:

1. how to establish my own identity when entering a new situation in the steps of a predecessor who was a great nurse and my look-a-like, to the extent that others called me by her name
2. how to initiate my innovative ideas when coming into a school on the heels of a much older and more traditional nurse
3. how to be accepted as a concerned nurse, regardless of my color, when entering an all-black staff as the only white nurse
4. how to overcome my feeling of isolation and be accepted and included when entering a school situation from an outside agency, with no preparation or orientation in school nursing
5. how to adjust to the personnel of several schools
6. how to adjust to the expectations of two masters (agency and school), neither of which has a nursing background or orientation
7. how to adjust to overwhelming and impossible expectations
8. how to adjust to the slow progress in resolving problems within a school setting, in contrast to that of the hospital.

A valuable learning experience was provided here by the participants sharing this information. They described the range of emotions they had experienced personally and detailed the efforts they had made in dealing with their feelings and with circumstances within the situation.

The participants agreed that it is often difficult to establish and maintain the identity of the school nurse and to effect conditions conducive to productive functioning. They cited several general methods:

1. talking about the circumstances with someone in a similar situation to gain a new perspective
2. informal conversations with other faculty members, such as the psychologist and social worker, to cultivate beginning relationships.

3. initial conference with supervisor and/or administrator to discuss and agree upon job specifications, and to determine to whom one is responsible
4. juggling and experimenting with different approaches to determine what *works*
5. careful assessment of total responsibilities to determine priorities
6. meetings with staff to clarify responsibilities and ways of working together cooperatively
7. learning who is "tuned in" to the channels of communication ("the school grapevine") and maintaining contact with that person.

In summarizing the dialogue, the instructor stated that participants had indicated that they felt it important to be recognized in their jobs. She referred to some of the ways that had been described as effective by the participants and pointed out that the expectations of the school nurse must be *realistic;* thus, it may be necessary on occasion for the nurse to spell out to a supervisor or administrator just what is, and is not, possible. She cautioned that, otherwise, the nurse may find that "she is doing a little of everything and not much of anything" and become frustrated from lack of job satisfaction. It was also pointed out that the nurse, herself, may be restricted in her functioning because of a compulsion to detail ingrained during her hospital-based nursing preparation. Participants were reminded, however, that some stress may be healthy in serving to stimulate motivation and creativity.

Stress and the Student

The instructor presented background theory on what actually occurs in an individual reaction to stress. Stress was defined as "that state or condition of tension in an organism resulting in disturbance of the equilibrium." She discussed and interpreted Selye's general adaptation syndrome (15) which describes a constellation of symptoms, regardless of the nature of the stressor, in a large number of people in stress situations. The three levels of adapting to stress are: 1) the physiological, 2) the interpretation of the physiological into anxiety, and 3) the intellectual response.

Discussion was then focused upon the implications of this theory for the nurse working with students within stressful situations. The instructor explained that the nurse must assess the level at which the student is currently functioning and then consider how to help him to elevate himself to the third level, where he will be able to determine for himself how to deal with the situation. The significant key applies principally to the nurse's assessment of how capably he appears to move at the time. She cautioned that over-eager efforts on the part of the nurse may cause the student to regress, with psychosomatic illness resulting. The appropriateness of the type of intervention employed by the school nurse is determined by her sensitivity to whether the student is ready to cope at a *realistic* level or if the mental mechanism he is using actually requires her support at the time.

Discussion also pertained to the role of the nurse in "anticipatory guidance." Here, the nurse recognizes those situations within the school which are suspected to be stressful to certain students. She then moves to adjust those factors (the stressors) so that the traumatic influences are minimized. If this is impossible, she prepares the students to understand what to expect so that they may be better prepared to deal with the stressors. The need for the nurse's skill in such intervention was cited in a wide range of instances offered for discussion by participants from schools in the higher socioeconomic communities as well as those from the inner city. It was considered appropriate for the nurse to plan and develop ways to increase staff understanding of what consistutes good mental health practice in the classroom and how it is related to student learning. One particular method which received considerable attention related to the nurse's opportunity to plan with the school administrator for needed programs which might be incorporated into the school's staff in-service education.

GOAL III: CONTENT, LEARNING EXPERIENCES, ADAPTATIONS

GOAL III: EVERY STUDENT WILL BE HELPED TO ACQUIRE HEALTH KNOWLEDGE AND TO APPLY HEALTH PRACTICES WHICH WILL FOSTER HIS CONTINUOUS DEVELOPMENT AND THAT OF OTHERS.

INTRODUCTION

Education for life has been stressed as the focus in the present day concept for developing all potential capacities of the child. In a humane education a child is "given a personal visitation of what he might become" (3) and is offered a wide range of learning experiences to guide him toward this achievement.

To be meaningful, the child's education for health must be centered around his interests and be directed toward helping him determine which values and attitudes will assist him in the process of self-actualization. Functional health knowledge from many experiences in the school program provide the basis for decision making for those practices which he selects and uses to foster his own wellness and that of others with whom he associates. The school is literally a living laboratory for offering each student unlimited opportunities for learning how to grow and develop toward a healthy, productive life.

The school health service, committed to the practice of health as a quality of living, is education-oriented and must be concerned with long-range and short-term goals for individual students. In addition to contributing to organized health instruction, the school nurse capitalizes upon "teachable moments" for applying health knowledge to situations that have significant meaning to the student at the time. Through parent and staff education in student health, the nurse extends her influence to others who are also involved in guiding students toward improved health behavior.

The objectives of Goal III describe processes and methods of the school nurse, working with others in the school and community, which are concerned with education for health. Related learning experiences offer opportunities for the practice of the objectives.

GOAL III: EVERY STUDENT WILL BE HELPED TO ACQUIRE HEALTH KNOWLEDGE AND TO APPLY HEALTH PRACTICES WHICH WILL FOSTER HIS CONTINUOUS DEVELOPMENT AND THAT OF OTHERS.

Education for health is concerned with the student's total physical, emotional, and social makeup as it relates to and interacts with influences in his environment. To have meaning, it must be as concerned with elements which contribute to wellness as it is concerned with elements which cause disease. It focuses on behavior-changing methods which assist students to gain knowledge needed to promote their own wellness and to develop values and attitudes which prescribe sound health practices.

Objective I

I. The school nurse will gain knowledge and skills which will prepare her to contribute to the student's total health education.

A. She will be able to perceive health education as contributing to the student's total development and quality of life.

CONTENT IA

Education must be directed toward helping each student recognize and appreciate his own humanity and to have concern for the humanity of others. The complexities and confusion in this society present increasing challenges to the individual in his struggle to develop and maintain an equilibrium among all contributing factors required for a high level of wellness. And yet, the availability of health knowledge has reached such tremendous proportions that, if applied and practiced, it would solve many health problems and greatly enhance the quality of life for all people.

Health education in recent years has gained increased respect as an integral part of the individual's total education. No longer can an education limited to acquiring a mass of knowledge be tolerated; rather, it must be designed to guide the student toward understanding himself as a human being with unique capabilities and to develop those capabilities which will equip him to lead a full, satisfying life. Health education must not only be a part of his total education, it must permeate all areas of his educational experience.

LEARNING EXPERIENCES IA

The school nurses will hear and react to a discussion presentation by a school health instructor, a school nurse, and a community health educator pertaining to the planning and development of a school health education curriculum. The presentation will cover the coordinated activities of those involved within the school and community and will emphasize the school health education curriculum as encompassing the student's total health experiences within the coordinated and interrelated areas of:

1. a sequential health instruction program, preschool through grade 12
2. opportunities for learning experiences
3. health counseling and guidance.

Panel members will use descriptive visual materials and include the school nurses in their discussion. They will indicate their individual contributions and describe how they are intermeshed with those of the others to provide a comprehensive school health education curriculum. In discussing such a curriculum, they will consider the following aspects:

1. understanding high level wellness as a dynamic process *vs* a "state" of health
   a. levels of wellness as related to functioning
   b. societal factors which threaten student wellness
2. health education as the means to promote students' wellness and equip them for life experiences
   a. content of the instruction and how it is determined
   b. sources of health knowledge and how it is obtained.

Objective I

B. The school nurse will be able to comprehend the influence of health knowledge upon the student's ability to determine his own attitudes and values.

CONTENT IB

School health education, designed to improve the quality of life, must be planned and organized to meet the needs of the individual as a growing, developing, thinking human being. It must reflect the student's interests and goals as he strives to achieve satisfactory adjustment within his life space. In such a personalized health education curriculum, the student is helped to develop attitudes and values which will determine health practices which best serve his particular needs.

LEARNING EXPERIENCES IB

The school nurse will hear and react to a continuation of the panel discussion presentation.

1. How is health knowledge transferred into learning?
2. How does it reflect student interests and personal goals?
3. How does it help to equip the student to develop sound attitudes and values which influence behavior?

Objective I

C. The school nurse will be able to recognize learning experiences as an integral part of the student's health education.

CONTENT IC

Educators have learned a great deal from the outspoken demands of today's youth that curricula must be relevant to their needs. Health knowledge, therefore, must be accompanied with appropriate learning experiences which involve the student and allow him to explore how that knowledge can be applied to him. Learning is meaningful only when the student can synthesize and integrate the information into his lifestyle.

LEARNING EXPERIENCES IC

The school nurses will hear and react to a continuation of the panel discussion presentation.

1. What are learning experiences?
2. How are they planned in order to be meaningful for students?
3. How can students participate in planning learning experiences?
4. How are learning experiences coordinated with instruction?
5. Why are learning experiences necessary and how do they serve as an integral part of the total health education?

Objective I

D. The school nurse will be able to perceive that the school offers limitless opportunities for educating the student in health knowledge and practice.

CONTENT ID

The school consists of a system of learning where the student's welfare and education have first priority. The student is a target of influence of many different personalities with varied capabilities for a period of approximately five hours each day, five days each week. The scope of potential opportunities for guiding the student toward a creative productive way of life offers each staff member a unique challenge. Members of the school health service must be able to recognize the extensive opportunities available in the school and use them to enhance the student's health knowledge.

Health education is concerned with the student's human needs – physical, social, and emotional – as he grows and develops. The school offers the student opportunities which enhance his knowledge about health. For example, healthy relationships are learned by example and practice in the day-to-day living experiences of the students and staff members. Nutritional facts are intelligently applied in the selection of food in the school cafeteria. The physical education program offers opportunities to practice principles of safety, fair play, and enjoyment in recreational activities.

LEARNING EXPERIENCES ID

The school nurses will hear and react to a continuation of the panel discussion presentation.

1. What does a "child-centered" school mean?
2. How is the school used as a laboratory of life experiences?
3. What does the school's responsibility consist of in educating students in health?
4. How does the school prepare its staff to provide meaningful health education?
5. How does the school utilize outside resources to supplement and enhance student health education?

Objective I

E. The school nurse will be able to implement significant information concerning student well-being and health behavior into the health education curriculum.

CONTENT IE

The school nurse participates in planning and developing the health curriculum in the following ways:

1. contributes information from results of student health appraisals (demographic studies)
2. contributes information from students' expressed interests and observed behavior patterns
3. assists in selecting and compiling appropriate health information materials and visual aids

4. contributes information concerning community agency personnel for participation in instruction
5. helps to establish and accumulate health materials for a resource center available to faculty and students
6. assists classroom teachers in consultant capacity as a resource person in health.

The school nurse reinforces and enhances the health instruction program in the following ways:
1. provides learning experiences appropriate to the instruction content to individual students and small groups of students
2. counsels students individually and in small groups in specific areas of health practice related to instruction content
3. teaches individual units of the curriculum which are most appropriate for her expertise.

LEARNING EXPERIENCES IE

The school nurses will hear and react to a continuation of the panel discussion presentation:
1. How does one determine which health appraisal findings and health behaviors are significant for education purposes?
2. How are these evidences of health needs incorporated into the curriculum?
3. What types of learning experiences enhance student understanding?
4. What are "teachable moments" and how are they effective?
5. Which units in the curriculum are appropriate for the school nurse to instruct?

Objective I

F. The school nurse will be able to use all school health services as learning experiences.

CONTENT IF

Every activity within the health service, including counseling opportunities, must be related to the objectives of the student's health education. The student must be helped to understand:
1. why there is a school health service
2. how its activities help promote and maintain his well-being
3. what it hopes to achieve in educating him in the practices of high level wellness as a way of life.

LEARNING EXPERIENCES IF

The school nurses will hear and react to a continuation of the panel discussion presentation.
1. Why are school health services part of the school organization?
2. What do school health services hope to achieve?
3. How are school health service activities interpreted as educational in nature?
4. Why does the certification of school nurses require preparation in education as well as in nursing?

5. In what ways are the objectives of health teachers, community health educators, and school nurses similar?
6. How are their efforts coordinated to benefit students?

The school nurses will have free exchange of information with panel members following the discussion presentation.

Objective II

II. The school nurse will gain knowledge and skills which will prepare her to contribute to the health education of the school staff.

A. She will be able to perceive the school system as an organization of individuals concerned with the students' well-being and development.

CONTENT IIA

The school system has been described as comprising many varied disciplines. Too often the relationship and influence of the nonprofessional school personnel upon the student is neglected. The school custodian, office secretary, school bus driver, paraprofessionals, and aides must also be viewed as a contributing segment of the school family, as perceived by the student. The manner in which each staff member relates to the student contributes to some degree to his development.

LEARNING EXPERIENCES IIA

The school nurses will discuss the composition of a school staff with the guidance of the workshop instructor. In this discussion they will:

1. recall, from previous workshop content, the variety of disciplines represented on the school staff
2. contrast typical present day school staff with those of schools they attended
3. discuss reasons for the changes
4. discuss the functions of the various categories of personnel as they relate to the promotion of student well-being and development.

Objective II

B. The school nurse will be able to perceive the influence of a health educated staff on the student's level of wellness and development.

CONTENT IIB

In observing the extensive number of school personnel, plus the prolonged period of time the student is exposed to their influence, one readily realizes the potential advantages to students if each staff member were knowledgeable about children's health needs and put this knowledge into practice in his day-to-day relationships with the students.

This, together with the staff member's thorough understanding of the physical, emotional, and social factors which contribute to a healthy environment, would assure every student a safe, comfortable, challenging atmosphere for learning. In an atmosphere where healthy relationships prevail, the student does not flounder in a confusion of who he is, but develops a healthy respect for himself as a result of being treated like an individual of worth and with respect.

LEARNING EXPERIENCES IIB

The school nurses will form four buzz sessions and analyze one of the following categories of school staff:

1. administators and supervisors
2. classroom teachers
3. pupil service personnel
4. nonprofessional staff members

as to the probability of whether or not the staff members had received preparation in health knowledge of students for their school responsibilities, and the possibilities for increased benefits to students as a result of better staff preparation in health knowledge. Specific examples should be included. A reporter from each group will present the group's conclusions for reactions.

Objective II

C. The school nurse will be able to identify, within the school population of students and staff, evidence of a need for increased health knowledge on the part of the staff.

CONTENT IIC

The school nurse, as a member of the health professions and functioning with many varied disciplines in an educational setting, soon becomes aware that the preservice preparation in health knowledge of students on the part of all school personnel is usually limited. She, therefore, realizes that on-the-job education with appropriate interpretation for effective application is required. She assesses the basic and immediate understandings needed by teachers and other staff members in order to plan educational orientation programs. In addition, as the health consultant in the school, she remains alert for any evidence which indicates the need to enhance the health education of the school staff. All contributing factors to the student's well-being are persistently observed and evaluated as to their influence on his development and school adjustment. This information is utilized in planning how to help staff members become more skillful in applying their understandings of child health needs to best serve the student.

LEARNING EXPERIENCES IIC

The school nurses will receive an introduction on ways of determining if the school staff should increase students' information about health.

The instructor will:

1. propose the situation
   a. What is the nurse's first assignment in a school?

2. pose the initial concern of the nurse.
   a. How can she immediately establish rapport with all staff members so information can be shared concerning the school health program?

3. suggest the method.
   a. Arrange for a total staff meeting through the school administrator.

4. offer points for discussion.
   a. What are the objectives of the school health program as viewed by staff members and the nurse?
   b. Who comprise the personnel of the program?
   c. How does the nurse function within the school?
      (1) to serve students directly
      (2) to serve students indirectly through staff, as viewed by the staff members and the nurse.
   d. What cooperative efforts are indicated, generally, to provide a quality health program, as viewed by staff members and the nurse?

5. demonstrate the nurse's interpretation through:
   a. the degree of expressed staff interest
      (1) How and in what ways did the staff respond?
   b. their views of students
      (1) Do they recognize them as individual children striving in a dynamic process of development?
   c. the quality of their contributions
      (1) Were they based upon factual health knowledge?
   d. their views of the health service program and its personnel
      (1) Do they recognize its objectives?
      (2) Have they experienced how students benefit from the services?
      (3) Do they recognize the relationship of well-being to school adjustment?
   e. their reaction to indicated need for cooperative action
      (1) Do they recognize that they have responsibilities in promoting student wellness?
      (2) Do they perceive the interrelationships among school staff in promoting student wellness?
      (3) Are they willing to accept this responsibility?

6. indicate that, from only this initial contact with staff members, the nurse will be able to discover some evidence for increased understanding in areas, such as:
   a. student wellness
   b. school adjustment in relation to student wellness
   c. interpretation of student behavior

d. health services within the school environment
e. staff teamwork in child development.

The school nurses will explore and discuss with the instructor additional available opportunities for determining a need for increased student health information on the part of staff members, such as:

1. teacher-nurse conferences
2. principal-nurse conferences
3. contacts with students
4. contacts with all school staff members
5. observations in the classrooms, gymnasium, laboratories, and cafeteria
6. observations of student transportation.

Objective II

D. The school nurse will be able to implement the evidence identified into the health education program for school staff members.

CONTENT IID

In-service health education is an important aspect of the overall continuing education program provided by most schools to increase the capabilities of staff members. The school nurse may recommend support, and participate in programs to help teachers and other staff members gain an understanding of such areas as:

1. changing concepts in child development and wellness
2. environmental factors which contribute to the well-being of students and staff
3. observation and supervision of student wellness
4. special health problems of students
5. emergency care of injured and sick students
6. objectives of the school health program
7. educational aspects of the health appraisal procedures.

The school nurse utilizes opportunities to counsel and consult with staff members, individually and in groups, concerning student well-being. By interpreting the application of health knowledge toward the benefit of an individual student, she recognizes that the staff member gradually becomes more skillful in implementing appropriate measures for the benefit of all students.

LEARNING EXPERIENCES IID

The school nurses will return to buzz session groups. Each group will analyze an assigned situation in which the nurse gives health information to school staff members. The analysis should define what information is required, by whom it is required, and how it is provided. Each analysis will be discussed by the total group.

Hypothetical situations for analysis may include:

1. The school board has adopted a policy to provide periodic health examinations for all school staff members. The principal has requested the nurse to assist him implement this policy.
2. John has recently transferred from another school to Miss Dell's second grade. Occasionally he has a grand mal seizure in spite of his physician's attempts to control this occurrance. His physician and mother request that he remain in the regular class and receive his medication in school, as prescribed, and that he be cared for appropriately should a seizure occur on the school bus or while in school.
3. While having coffee in the faculty lounge, a group of teachers discuss the increasingly unruly nature of the students with the school nurse. They feel "something should be done" and wonder if the school nurse thinks the consulting school psychiatrist "might have some answers."

The nurses will react, with the instructor's guidance, to each group's analysis.

Objective III

III. The school nurse will gain knowledge and skills which will prepare her to contribute to the health education of parents.

A. She will be able to acknowledge that parents carry the major responsibility for the student's well-being and development.

CONTENT IIIA

The school nurse should recognize that parents are responsible for the living conditions, relationships, and experiences during the large portion of the time that the student is not in school. As a matter of fact, his beginning education has been well founded by the time he begins formal education at approximately five years of age. The parents remain legally responsible, however, for their child from his birth to his maturity, whether in school or elsewhere.

In most cases, parents' concerns are the same as the school personnel's. Most parents genuinely love their child, are anxious for his happiness, and provide the best possible opportunities for his development and preparation for life. Therefore, in all relationships with the student in school, this responsibility should be not only recognized but also respected. School personnel share with the parents the responsibility for a segment of the child's total development – his educational program as prescribed by the school.

LEARNING EXPERIENCES IIIA

The school nurses who are parents will discuss and give examples to clarify:

1. what responsibility for their children means to them
2. under what circumstances and to what degree they are willing to share these responsibilities
3. what effect parental responsibility has on their children
4. what effect it has on their family stability

5. what factors influence their performance as responsible parents
6. how additional factors of poverty and ignorance would further hamper their capability to function
7. how feelings of frustration develop when they can't function as responsible parents
8. how they would respond to an individual who tells them what their responsibilities are.

With the instructor's guidance, the nurses will discuss the conclusions arrived at as a result of the parents' expressed opinions, that:

1. the responsibility for children is the parents' biological, moral, and legal right
2. the children's security and the family's stability are directly influenced by the parents' ability to function responsibly.
3. the parent's ability to function responsibly is influenced by many factors
4. the school nurse must recognize the significance of these considerations in dealing with the child
5. the school nurse's efforts are directed toward supporting the parents' position of responsibility.

Objective III

B. The school nurse will be able to perceive how the student's well-being and development can be influenced by increasing his parents' knowledge about health.

CONTENT IIIB

Parents carry the major responsibility for their child's well-being and development, and are generally well-motivated to provide him with the best possible opportunities for a healthy life. Their effectiveness is in direct relationship to how capably they perceive and fulfill the child's health needs. The school nurse must recognize that all factors influencing human behavior are reflected in the parents' ability to provide for their child. Attitudes and values which the parents have acquired over the years are passed on to the child. Therefore, any efforts which enhance the parents' understanding and application of health information will directly benefit the child. School health personnel must necessarily extend their influence into the home to maximize the student's chances for developing good health practices.

LEARNING EXPERIENCES IIIB

The school nurses will view a film on facets of a parent health education program. They will discuss, with the guidance of the instructor, the content of the film as to:

1. how needs for a program were defined
2. how and by whom the program was planned and developed
3. how effectively the needs were met through the program
4. in what ways the health knowledge of parents was increased
5. in what ways parents' attitudes and values were changed
6. in what ways the students benefited as a result.

Objective III

C. The school nurse will be able to identify, from the individual student and groups of students, evidence for enhancing the health education of parents.

CONTENT IIIC

The position of the nurse functioning in the school offers certain advantages for effective extension of health education for students' parents, such as:

1. availability of an organized group of children and youth in one central place
2. established and understood regulations which mandate periodic evaluation of their wellness level
3. availability of statistical health information as a result of the evaluation
4. ability of the nurse to observe and interpret the relationship of the students' well-being to overall development in the educational process
5. recognition and acceptance of the school nurse's contacts with parents as liaison between the school and home.

The school nurse determines from accessible resources of information (the health appraisal findings, her own and teachers' observations of student health practices, behavior, and relationships) those particular indications of needs which lie within the realm of parental responsibility.

LEARNING EXPERIENCES IIIC

The school nurses will discuss, with the guidance of the instructor, how the school nurse's position facilitates the promotion of student health through efforts with their parents. Responses will be listed on the chalkboard, such as:

1. availability of a total child and youth group in one central place
2. periodic health appraisal of this population which determines existing health needs
3. on-the-spot observation of student health practice as it relates to school adjustment
4. liaison between school and home.

They will indicate the kinds of information pertinent to the nurse when planning for individual parent counseling, interpretation, and group education methods. Such information may include the student's health needs, observations of student/health practices, and his school adjustment as influenced by his health needs and practices.

Objective III

D. The school nurse will be able to implement the evidence identified into a health education program for parents.

CONTENT IIID

A school health program which is effective in promoting and maintaining student wellness necessitates a close relationship with parents. The school nurse must utilize every possible effort to create and maintain a relationship with parents on an individual and group basis. The development of school health policies should include representative parental participation since the decision making affects the welfare of their children. In addition, the school nurse should assure that a written copy of these policies is in the home of every student.

There are many means of introducing and interpreting the objectives of the school's interest in promoting student wellness. Previous to the child's entrance to kindergarten or preschool, the school nurse may prepare, with other staff members, an orientation program designed to assure parents of the school's interest in their child's welfare and development, to familiarize them with the school routine and policies, and to suggest how the school personnel and parents may cooperate to support the child's educational experiences.

The PTA offers the school nurse an effective means of communicating health information to parents and she may find it advantageous to be a member of its health committee so she can help plan programs and organize parent study groups to meet specific student health needs. The school nurse may also issue periodic health bulletins to parents. In addition, local radio and television media should be used to disseminate health information.

Perhaps the school nurse's most influential efforts in parent education are found in the one-to-one counseling function in which she relates the student's health needs, interprets their relationship to his development and school progress, and assists the parent to find a remedy. Situations of poverty and neglect require skillful techniques over a lengthy period of time and involve mobilizing community resources to provide appropriate aid.

LEARNING EXPERIENCES IIID

The school nurses will form buzz sessions to determine appropriate planning for the development of:

1. a parent's manual on school health policies
2. an orientation program for parents of children entering kindergarten
3. a PTA presentation on the mental health of students.

A reporter will present the results of the planning session for group reaction.

The nurses will suggest additional methods of effective communication with parents through which close relationships are maintained and parent health information is enhanced. They will then discuss health problem situations which require counseling of the parent by the school nurse. In discussing possible means of implementing counseling in each situation, they will be guided by the following steps:

1. interpreting the health problem
   a. How was it determined?
   b. How is it significant to the student's total wellness and development?
   c. How does it affect his school adjustment?
2. assisting in providing appropriate treatment
   a. what various alternatives are available?
   b. How can the alternatives be assessed?

c. How can the school nurse support and encourage the parents in making their own decisions vs. "telling them what to do?"

The school nurses will then describe, in each situation, in what ways the education of the parents has been enhanced.

The nurses will view a videotape, filmstrip, or series of slides prepared by school nurses to demonstrate aspects of their school health program, and analyze and discuss the content as to:

1. purposes of a project of this nature
2. methods of planning and preparing the material
3. appropriate uses for the project.

SUMMARY OF ADAPTATIONS FOR GOAL III

The project director stated that the nurse's every activity for promoting student well-being involves the education processes of teaching, counseling, and consultation with students, their parents, and their teachers. The overall concept of the curriculum *health for education ⟷ education for health,* was said to embrace the total activities of the school health program. The interrelationships and interdependence within this dual approach indicate that the educational processes and concurrent learning experiences provided the student are mutually supportive. She reminded the participants of instances, where the nurse functions with others and indicated that the participants would now have the opportunity to consider how the nurse participates with others in providing an effective health education curriculum. This curriculum, it was explained, is viewed by the nurse as including the health instructional program, as well as other appropriate learning experiences. The school health education curriculum would be presented by a panel composed of a professor of health education, on sabbatical leave to direct the development of a health education curriculum, a health education teacher, and a health educator from a county health department.

The university professor lectured on the conceptual approach to health education, defining philosophy as that which is "concerned with questions pertaining to the nature of truth, goodness and beauty – questions that seek to describe the characteristics of the good life," and philosophy of education as that which "is concerned with questions that relate to the nature of the educational process and to the scientific study of education." He recommended that the participants read Silberman's *Crisis in the Classroom* (16), Postman and Weingartner's *Teaching As a Subversive Activity* (12), and Peddiwell's *The Saber Tooth Curriculum* (11) to become familiar with what critics are saying about education today. He stated that the scientific study of education asks:

"1. What is education?
2. What is knowledge and what knowledge is of most truth?
3. How shall human nature and the world in the society in which we live be perceived?
4. What are the ultimate purposes for being?"

He indicated that "it is within this context of probing and inquiry within education that the practice of health education be sought." As to the question of whether health education is a discipline or a profession, he referred the participants' attention to Oberteuffer's *School Health Education* (10), and cited the fact that health educators, as well as educators in all fields, are presently discussing the need for a clearly defined philosophy of and for education in order to provide better direction for the total education process and programs. He stated that "philosophy of education is basic to the systematic development of objectives and programs in health education and should provide

a foundation for values." He said, "Health education is both process and program and implies changes in individual direction in attidues and behavior. It seeks no ends other than the improvement in individual and community health because the emphasis is on health; and both the process and the programs become personal in their focus."

With reference to the World Health Organization's definition of health, he indicated that health "can best be described in terms of the degree to which the composite powers of the human organism are able to function." He indicated that "to educate in health means to make a good life in spite of handicaps – and, more significantly, to help each person seek that state of affairs which moves him toward an optimal state of development." He said further that "it means also to aid the individual to avoid this misbalance, the disease and accidents of life" and referred to Dunn's writing on balance as a very necessary component of our process of education and of life.

Relating to the basic concerns of education (exploration, reevaluation, and reconstruction of values), he indicated that those in health education must help each person "build a more comprehensive and definite scheme of values as he participates reflectively in activities designed to advance the good life." He stated:

> The ultimate goal of health education, therefore, is to liberate man's potential strength, his energy, his creative powers so that his actions become deeply satisfying to himself and to society and meaningfully constructive to himself and to society. Its concern for knowledge is for the purpose of liberating the individual from the confining limits of ignorance, unhealthful practice, or prejudice through the insights which knowledge and understanding can generate.
>
> Health education will be successful to the degree to which it enables individuals to bring knowledge that relates to their well-being to bear upon their daily lives in ways that transform aimless habits into inteiligently-directed actions. Since health is a personal matter, whatever is taught must become a part of the experience of each learner . . . to become part of the student's understanding, health must become a directing factor in his ongoing life. The subject matter of health education must be established and taught in the context of the lives students live – not treated as something to be transmitted because it is available.

Explaining that health education is a "weaving-in" of knowledge to what the student is doing, he cited problem solving as necessary in the learning process. He described a dynamic health education program as one which "emphasizes constructive action in the shaping and reshaping of human lives for better health – rather than a program solely for the acquisition of knowledge about health" and listed the following characteristics of a good program:

1. Health education is an integral part of the administrative context and the curriculum at every level and is recognized as a part of the general education of all students.
2. Experiences that enable the individual to develop his abilities for such actions for improved individual and group health grew out of the discovery and appraisal of health needs. (A very *real* role of the school nurse.)
3. Health education does not confine its activities to children but extends beyond a school and college to the home and community into adult life.
4. The conduct of the total program of health education requires the talents of many health and education personnel working together in a cooperative manner to achieve common goals.
5. The individual has the responsibility for the creation and maintenance of conditions which contribute to his health and health of others.
6. Adequate financial support to provide the required personnel and materials to achieve the ultimate goals for health education is necessary.

7. The ultimate value of health education cannot be measured by ordinary standards or within ordinary periods of time.

He stressed that "the crucial factor in any (program) planning is the quality of the leadership" and pointed out that "nurses have a distinct role to play in this leadership."

The professor then cited the curriculum designed within the School Health Education Study (14) as a nationwide model of the conceptual approach to health education and explained that it is this curriculum which serves as the model and which is being adapted to design a curriculum for schools throughout his state.

The health education teacher described how the curriculum had been planned and implemented in 175 of the schools of the state. Studies were cited showing that students have far more knowledge in such subjects as science and social studies than they have of their own bodies and personalities. She stated that education in the vital area of preparing students for life experiences has been neglected too long. The curriculum she is involved with is designed not just to provide a volume of facts about health, but rather, to help students understand the significance of value clarification, self-concept, interpersonal relationships, and most important, decision making to themselves.

The excuse that there are not enough teachers with health majors (given frequently by school administrators for not providing an integrated sequential health education curriculum) is no longer realistic. She told how the *existing* staff of her schools had prepared for the responsibility of health instruction by providing an initial orientation for staff members and making available specific preparatory programs in methods and skills through in-service programs and course work at a neighboring university, followed by on-the-job help and guidance by area coordinators. She indicated, too, how public health nurses (since there are no school nurses as such in that area) are used to supplement classroom instruction in certain areas. It was also explained that limited funding for resources in nutrition, dental health, environmental problems, venereal disease, smoking, etc. should not be a discouraging factor since a wealth of free materials is readily available from local and state health and welfare agencies.

The instructor emphasized that representative members of the community, including parents and clergy, should be involved in planning the more sensitive areas of the curriculum, particularly human development and family living, in order to avoid, or at least minimize, the possibility of negative reaction from community groups.

The health educator from the community agency applied the philosophical approach of the professor, to the *community* health education program. He made reference to Dubos' *Man Adapting* (2), Maslow's *Toward a Psychology of Being* (8), Frankl's *Man's Search for Meaning* (5), Selye's *Stress for Life* (15), and then to Hochbaum's *Health Behavior* (6) in explaining how the study of these theorists had helped him grasp the meaning of human behavior and its significance in order to develop a health education program which would assist individuals in a community to live more healthy lives. He offered the following definition of health: "a relative state based on a continuum from low level to high level wellness striving toward a balance in adapting to the environment." He described the responsibilities of the community health educator as follows:

1. to equip persons to make decisions about their health
2. to enable persons to translate these decisions into health for themselves
3. to guide individuals to make decisions about health.

The health educator must be a helper, a guider, and an intervener, and this has particular application for the nurse. He said that "health education includes assimilation of knowledge, formation of attitudes, and reinforcement or modification of behavior."

"The behavior of the individual is the common theme of all educators," he explained, and psychologists, sociologists, physicians, dentists, nurses, environmentalists, sanitarians, and investigators of public health and community organizations and schools, in sharing this mutual concern, need to supplement and complement the efforts of each other to assure that health services and programs are effective in prevention, protection, and promotion.

He stated that his responsibility as a community health educator involves organizing and working with committees to study public health problems, such as a current instance where representatives from 15 agencies studied the needs of unwed parents. He also described the cooperative working relationship between his department and the schools, whereby resource personnel and materials are provided to school personnel developing health education programs. It was nurses, in many instances, who had recognized the need for specific services and programs and had initiated action to provide them. He indicated, too, that the nurse's counseling of individuals in health matters is the most effective health education; that the school is the opportune setting for this; and that students invariably seek the school nurse since they feel more comfortable with her than with other personnel.

Health education curriculum guide and other pertinent materials were distributed to the participants.

The participants' questions to the panel members related mainly to:

1. why this type of health education curriculum is not provided by more schools in view of the obvious need
2. why the curriculum, where it has been implemented, is limited to elementary grades
3. how the school administrator may be convinced that physical education does not provide effective health education
4. how the panelists viewed the school nurse's involvement in health education.

The university professor explained that, in spite of increasing state legislation mandating health education for all students, many schools have yet to provide it. He described some efforts that are beginning to bring results:

1. public relations of many health personnel in interpreting the need to school boards and administration
2. incorporation of health education course into teacher preparation programs
3. availability of consultants to school groups to assist them in developing an appropriate curriculum
4. increasing number of extension courses offered by universities.

He explained that a new curriculum usually progresses from the lower to the higher grade levels and may require a period of years before completion. Showing curriculum guides of a model sequential program to school administrators was offered as a possibility to broaden their perspective of the scope of health education and the need for priority consideration in the school's total curriculum. It was stated that the school nurse is in a key position to bring attention to the need for appropriate health education; that she should be a participating member of the curriculum committee; and that, by the very nature of her functioning, she may continuously demonstrate to the school administrator and staff her special expertise in the area of health education.

At the beginning of the afternoon session two of the participants related their school experiences. One, who had been in school for only six months, and had replaced a "traditional" nurse of many years' service, described her efforts to be recognized as an equal member of the school staff. She stated that she had made use of every opportunity to give "exposure" to her identity by circulating throughout the building, introducing herself, and making herself available to students and faculty. In her system, health education falls under the umbrella of physical education, and as such is treated as an isolated subject, not integrated into the other areas of the instruction

program. As a result, students found the classes boring. She described how she had initiated a relationship with one of the female physical education coaches, (responsible also for the instruction) and offered to assist in any way. The results were cooperative planning and supplemental teaching for better understanding of the menstrual cycle and its implications for activity in physical education.

The other school nurse, who is about to retire, expressed her joy in working with children and described the many health projects she had developed with the cooperation of other teachers. For example, she showed posters which indicated the results of having worked with the art teacher to promote children's interest in health topics. She described cooperative ventures with other staff members, such as the school librarian in ordering health references and resources to provide for a wide variety of interests among students and staff members; the instructor of the family living course in a team teaching situation; and the math teacher in providing health information statistics for his use in graph instruction.

The participants discussed the many opportunities for the school nurse to contribute to the students' health education – directly, through individual and group counseling and incidental classroom instruction and indirectly, through efforts to influence staff members toward an increased health consciousness. It was agreed that a school administrator who is health oriented and recognizes the true potential of the nurse as the school's health consultant greatly facilitates her functioning. It was also mentioned that the nurse who is a member of the school faculty may find this responsibility easier than one entering the school from an outside agency with only a limited time in the school. Participants expressed the opinion that some professionals do not yet fully understand the school nurse's role and that expectation for classrom instruction beyond a very limited time and for a very specific purpose was thought to be inappropriate. The workshop instructor supported the participants in this reaction and explained that it is important for the school nurse to recognize her own identity – to maintain and clarify it to others so that the knowledge and skills of *nursing* (which are unique only to her among the school staff) are not lost in a confusion of irrelevant responsibilities. The nurse's use of "teachable moments" in her day-to-day relationships with students was cited as an example of the most meaningful teaching possible because of its personal nature in an on-the-spot situation. It was pointed out that when the significance of this kind of education is understood, school nurses will no longer be considered noninstructive staff members, as is the case in some schools.

The participants discussed the use of health program slides as one approach that could be used by the school nurse in faculty meetings, particularly at the beginning of the school year, to initiate a give-and-take dialogue through which individual roles and responsibilities might be more clearly defined and cooperative relationships established. They also discussed how slides might be used with parent groups and could be designed particularly to assure parents that the school health program supplements and enhances parents' responsibilities rather than supplants them. Use of slides with boards of education was cited as a way to support the "whys" of accountability, staff needs, and other budget requests.

The participants talked about how the nurse benefits students by increasing the health knowledge of his parents and school staff members and that consideration must be given to the receptivity of the person and his level of readiness for effective communication, whether it be the students, staff members, parents, or others. It was pointed out that improved health education of those with whom the nurse interrelates is an ongoing activity. For example, the nurse's interpretation of the student's health information to him, his teacher, and his parents is of prime importance because of its direct relation to his school adjustment.

Participants viewed the film *To Touch a Child* (25) which presented a city-wide project that had been planned and developed by citizens representative of various groups. There were programs and services of education, health, and recreation designed to foster the development of children and youth. The group participation resulted in enthusiasm and healthy relationships in the community.

This film served as a base for an exploration of the school nurse's role in community participation. The discussion revealed that the nurse knows students' needs and interests as a result of her daily observations and her communication with staff members and parents and, therefore, has much to contribute to such planning. She should consider certain factors in preparing for her participation, such as: effecting an understanding with the school administration of the project and how she intends to participate, selecting information about students that is appropriate for the purpose, and being aware of her responsibility as a representative of the school.

There was discussion on how the nurse might effectively promote student well-being by providing health education for parent groups. Suggested examples included: planning with appropriate school personnel (the principal, kindergarten teachers, psychologists, and social worker) to provide preschool and kindergarten orientation programs; planning with the local PTA to provide meeting sessions concerned with pertinent health topics; planning with individual community agencies (such as the local mental health association) to provide adult education programs; soliciting speakers from local medical and dental societies for group meetings; and forming a school health council and participating as a member to provide parent education programs.

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Part III

Evaluation

PARTICIPANTS' IMPRESSIONS OF WORKSHOP

Impressions of the orientation area and Goals I and II of the curriculum were written by workshop participants. (Time limitations prevented written reactions for Goal III.) Generally, these responses were enthusiastic and favorable. For example, the experience of the first three days (the orientation area) were described as "informative," "enlightening," "enjoyable," "exciting," and "highly relevant and helpful for school nurses."

Typical of the written reactions to Goal I was the comment, "the methods used to meet the objectives were varied and stimulating (and) followed a well-planned sequential pattern."

Two statements summarizing impressions of Goal II are descriptive of information gained from the experience:

1. "It was good to spend some time on the reality that some situations are so complex and 'negative' – that no one really has a solution – and that we can get caught up in it and equally as influenced as the students."

2. "I have gathered a great deal of much needed information concerning the fact that it is the school nurse who can be so instrumental by getting 'involved' – by visiting the home and helping parents to help the child function better physically, emotionally, and socially."

Total Workshop Impressions

Verbal impressions of the total workshop experience were gathered during a final discussion. The questions and responses follow:

1. *Which experiences were most meaningful to you?*
   - Discussion concerning stress and stressful situations that group members experienced
   - Informal exchange of information during and after workshop sessions, especially among resident participants
   - Discussion after lectures and morning sessions
   - Small group discussions – especially when begun early making for "immediate involvement"
   - Audiovisual materials were excellent – perhaps last part of Glasser's tape might be deleted or used following a discussion of the first half because of its length.
   - Panel presentation of the school "team"
   - Availability of extensive resource materials
   - Role playing experience
   - The child development consultant who set the stage for the workshop
   - Speakers generally good, "even if they occasionally neglected the role of the nurse"
   - Freedom of discussion, although a bit limited for participants from the same county as visiting personnel who participated on panels and department supervisors
   - Exchange of information following films, speakers, etc.
   - Speakers involved participants in feedback discussion
   - Relaxed atmosphere of workshop
   - Variety of activities
   - Writing impressions at end of each goal helpful in pulling things together
   - Sequence in presentation of material was good
   - The way the workshop was conducted – "No one was ever put down. One could say anything and it was all right. It would be listened to."
2. *If more time were available for the workshop, how would you suggest it be used?*
   - More communication – further discussion and practice
   - More role playing
   - Field work, as: opportunity to have a one-to-one interaction with a child for five days or so
   - Utilize a member of the group as a speaker occasionally
   - More on record keeping
   - Discussion of different ways of delivering school health services

- Exchange of information on techniques (clues, tips) on how to get things done

3. *What are your reactions to the sequence of events during the workshop?*
   - Sequence and timing good because of resulting impact
   - Suggest that stress be integrated into all areas

4. *What general overall suggestions do you have for increasing the value of the workshop?*
   - Time set aside for reading materials in the resource center: preview of filmstrips, etc.
   - That it not be restricted to the inexperienced school nurse (maybe sub-groups occasionally, according to level of experience)
   - More extensive publicity for the workshop – perhaps in the professional nursing journals.

QUESTIONNAIRES

There were two questionnaires, one submitted to workshop participants before the workshop and the other after the workshop. Preworkshop questionnaires were mailed to the 25 participants and 13 were returned; 23 of the 25 participants completed the postworkshop questionnaires. Each questionnaire was composed of a hypothetical situation with four questions. Question 1 of each questionnaire related to the ability to define factors within limited information which may influence student wellness; question 2 related to ability to interpret this information for plans and procedures to meet the student's immediate needs; question 3 related to ability to recognize additional information needed for more complete assessment of student wellness; and question 4 related to the ability to implement total information accumulated into plans to promote student wellness. Following are the two questionnaires:

PREWORKSHOP QUESTIONNAIRE

Hypothetical Situation

Mrs. Wilson has stopped in the health office while in the school to register her two children, Ted eight years of age and Jane six years of age, who will enter the school on the following Monday morning. She explains to Mrs. Adams, the school nurse, that she has been eager to meet her, since the school nurse in the children's previous school was understanding and helpful.

Mrs. Wilson, a young attractive, but anxious woman, explains that she has moved from her home at a California naval base where the family had lived during the past six years. She and her children will now be living with her ill mother in this community while continuing to await news of her husband, a navy pilot who has been listed as missing in action in Vietnam over the past four years.

She is concerned that the children adjust to their new school situation with a minimum of difficulty. She explains that Ted has always been a frail, tense child, and has had enuresis since his father went overseas and also suffers with allergies. Jane, on the other hand, is a beautiful, loveable healthy child who surpasses her brother in school achievement and in facility to make friends.

Mrs. Adams is sorry that it is not possible to talk at length with Mrs. Wilson to learn more about Ted and Jane but Mrs. Wilson states that she must rush home to her family responsibilities. Mrs. Adams assures her that she will help in the children's adjustment and will plan to talk with her further very soon.

Questions

1. Indicate the implications within this information which would influence your planning for Ted's and Jane's entrance to school on Monday morning.
2. List the steps you would take to prepare for the students' entrance on Monday morning.
3. Indicate what additional information you would require in order to plan beyond Monday morning to meet their needs and indicate where you would get the information.
4. Indicate how you would use the total information accumulated in your efforts to assure Ted and Jane the best possible opportunities to develop and achieve satisfying school experiences; indicate other persons with whom you might be involved in these efforts.

POSTWORKSHOP QUESTIONNAIRE

Hypothetical Situation

A classroom teacher presents the following situation to you, as the school nurse, and requests your assistance: "Joe

has recently lost interest in school. He seems listless and unhappy and doesn't enter into any play activities. He won't tell me what the trouble is. I just can't reach him and I am concerned about him."

Questions

1. List the clues within this information which would influence your responding to the teacher's request.

2. List the steps you would take in your immediate response to the teacher's request.

3. What further information would you seek in your planning to help the teacher meet Joe's needs? Indicate source of the information.

4. Describe how you would use the total information accumulated. Indicate others whom you would involve in utilizing the information to greatest advantage for the student in this situation.

Additional Questions

In addition to the hypothetical situation and its four questions, the postworkshop questionnaire asked these questions:

1. What influence(s), if any, do you think this workshop experience will have on your school nursing practice?

2. Has your experience in this workshop influenced your professional planning (example: professional study)?

Responses to the first question indicated positive influences which were placed in three areas: increased insight (7 responses); clarification of role (14 responses); and program planning and implementation (31 responses).

All the 23 participants who filled out the postworkshop questionnaire indicated their professional planning had been influenced by the workshop experience (one used "somewhat" to indicate some reservation). Nineteen said they had immediate plans for further professional study; nine had future plans; and four reported general observations about new viewpoints in their planning.

ON-SITE VISITS

Only five site visits were possible because of time limitations. Questions were used as guidelines but the interviews were nonstructured to encourage free discussion. Nurses were invited to include supervisory and/or administrative personnel if they wished.

Guideline Questions

1. How has knowledge gained from your workshop experience changed your attitude concerning school nursing practice?

All five nurses described their attitude toward school nursing as positive. Four indicated that this attitude had been substantially reinforced and the remaining nurse (who provides health services to both the school and community) explained that she had had little interest in her school nursing responsibilities previously but now would like to devote full time to them. All nurses expressed an increased interest and enthusiasm for the potential influence of the nurse in the educational setting and a higher degree of self confidence.

2. How has the knowledge gained from the workshop experience helped in your activities with students, parents, teachers, supervisors, and/or administrators?

An increased understanding of the developmental process and the concept of high level wellness according to the nurses. All said they felt better equipped to counsel students. Three nurses related that the skills assessment workshop discussion had encouraged them to investigate the student and his environmental influences more thoroughly and to become more involved with teachers, other school staff, and parents.

All five nurses resolved to work more closely with parents – to interpret student well-being as it relates to school achievement and to assure that parents participate in decision making concerning their own children. Two indicated that they provided programs for PTA meetings with the cooperation of the principal, in interpreting the school health program and explaining the role of the school nurse. One nurse had solicited help from the PTA whose members now serve as volunteer aides in the health office.

The nurses related that they felt more conscious of their role as the health consultant in the school and were becoming more active in demonstrating this to administrators, teachers, and other staff. All indicated increased interest in participating with other pupil personnel members.

3. What unmet needs within the school health services have you found since returning to your job situation? and how has knowledge gained from the workshop experience helped you in your planning to deal with these unmet needs?

The most severe needs experienced by these nurses pertained to poor communication among personnel dealing with students, limited understanding of student needs and school health services, and insufficient time for the nurse to provide adequate school health services. Efforts to overcome some of these conditions included attempts to establish good rapport with other members of the school staff; to interpret the contributions of the nurse to the student's total education; to participate in a team effort to assess and implement appropriate intervention methods; to concentrate on establishing priorities; and to substantiate the need for sufficient time for the nurse to fulfill her responsibilities.

4. In what areas do you still feel a need for more information to better prepare you as a school nurse?

Two nurses stated that they would need at least the current year to assess what further information they needed. Two others indicated they realized that they needed further preparation in the theory and practice of school nursing. The supervising nurse said that she felt that membership in a professional association of school nurses would assist her in becoming more aware of current writing and research in the field of school nursing.

SUMMARY AND RECOMMENDATIONS

SUMMARY

The decision to provide foundation knowledge in certain selected areas before the curriculum content was appropriate for this group of participants, even though they were experienced in school nursing. The participants' impressions, together with the opinions of the workshop staff, indicated that the purpose of the project (to provide *beginning* knowledge and skills to school nurses) had been accomplished. In most instances it was apparent that they felt unsure of the role of the school nurse and lacked understanding of how to function with other school personnel. It was hoped, therefore, that the workshop's focus on the knowledge and skills of nursing, how they are coordinated with those of other disciplines, within the school and applied to the educational process would prove helpful. Participants also indicated that they had gained increased understanding and, so, felt more secure and confident to function more effectively. The participants all indicated various positive influences as a result of the workshop experience; notable among these was a greater appreciation for the potential of the nurse functioning in the school and recognition of the need to pursue more adequate professional preparation. Another recommendation from the participants to provide an overall orientation in the workshop objectives for nursing supervisors and school principals on the ground that this would help participants implement what they had learned. In the opinions of the workshop staff, the curriculum met the test for flexibility because it was for members of this varied group. Participants felt that the nonstructured workshop situation, with the instructor functioning in a consultative capacity, helped make the curriculum adaptable.

The enthusiasm sensed during the site visits indicated an increased appreciation for the scope of school nursing practice and a determination to fulfill more adequately the role of health consultant within the schools.

RECOMMENDATIONS

There is need for better preparation of many school nurses, not only for preparatory programs but also for continuing education. Personnel dealing with the well-being of children must become and remain prepared to provide for children's dynamic needs. It is the opinion of the writer that school nurses may be characterized generally by their keen interest in children and their desire to learn better ways to foster optimal wellness and development. And yet, there are pathetically few university preparatory programs in the specialty of school nursing – a frustrating situation for those eagerly seeking such preparation. The first recommendation, then, is that programs in school nursing be developed and made available within university schools of nursing for both initial preparation and continuing education.

Another recommendation is that learning experiences similar to those provided within this workshop be provided for school nurses in areas where the needs are demonstrated. This curriculum was found adaptable for individual nurses whose background preparation and experience could scarcely have varied more widely. Therefore, its use can be recommended for other varied groups. It may be used in its totality or on a selective basis.

In developing a workshop, initial care in planning and organization is essential as is the selection of a capable instructional and consultative staff. It is crucial that all resource people be oriented in detail as to the purpose of their participation. An advance survey or questionnaire of the participants' background experiences, employment details, and needs facilitates adaptation of the curriculum. Planning for appropriate field experiences would enhance the meaning of the theory content and is recommended.

Providing a rich resource of accessible reference materials is a definite asset; participants also recommended that consideration be given to scheduling specific time for

reference use during the actual sessions in future workshops. A well-prepared bibliography in school health and related areas is useful not only during the workshop sessions but for future use by participants; also, it might well be sent to participants for advance reading preparation. A careful survey and previewing of a wide range of films, filmstrips, and recordings were found necessary in order to select those which were most appropriate for the specific purposes.

Initial involvement of workshop participants with each other is highly recommended. It is recommended that live-in residence not be a firm requirement for workshop attendance, since it might exclude nurses with family responsibilities.

Providing some social and recreational facilities within the vicinity of the workshop location is desirable.

It is recommended that appropriate teaching materials be developed for programs in the preparation for the school nurse. A serious need exists for films, filmstrips, and other media to describe the practice of school nursing within the context of the interrelatedness and interdependence of wellness, development, and school achievement. On-the-job visits to the nurses, with their supervisors and/or principals, periodically during the year following the workshop for consultation is an additional consideration.

Appendix

Application
to
Introduction to School Nursing
Workshop

Name (Miss-Mrs.)_____

Address_____ Phone_____

_____ Children (ages)_____

Educational background:

	Location	Year Graduated	Type of Diploma
High School _____	_____	_____	_____
Nursing education_____	_____	_____	_____

Ex. 3 yr. diploma, 2 yr. AA, other

Additional education

List, describe and indicate dates: (including workshops, seminars, etc.)

_____

_____

_____

_____

Professional employment since graduation from nursing program: (List)

Position	Location	Dates
_____		
_____		
_____		
_____		

Where will you be employed? _____

(circle) preschool, elementary, secondary, other (specify)

_____

Employed as: school nurse only, combination school nurse and public health nurse, other (specify)_____

Date of expected employment: _____

New or established health service (circle)

Number of students for whom you will be responsible:_____

Person to whom you will be directly responsible: (circle)

School principal, nursing supervisor, physician, other (specify)

_____

Other pupil personnel services on staff: (circle)

Physician(s), psychiatrist(s), nurse(s), psychologist(s), guidance counselor(s), social worker(s), speech therapist(s), attendance personnel

Have the responsibilities for your position been made known to you? If yes, state briefly:

_____

_____

_____

_____

Are you available for an interview?_____

Mail as soon as possible to:

Mrs. Dorothy B. Miller, Director
School Nursing Manpower Project
1507 M Street, N.W., #801
Washington, D. C. 20005

RESPONSES TO QUESTIONS ON WORKSHOP APPLICATIONS

	Basic Prog.			Add'l Preparation	Exper.-Years		Level				Employer	Service		School Assignment		Resp. to	
No.	3 yr. diploma	AA	BS	C = course S = seminar W = workshop	Previous	School	Preschool	Elementary	Junior High	Secondary	H = Health Dept. S = School System	School Nurse	Sch/Com Nurse	Student Population	No. of Schls.	Nurse Supvr.	Sch. Admin.
1	X			BSN	4	1	X	X			H		X	700	2	X	
2			X		.5	.5	X	X			H		X	1900	3	X	
3			X		1	1	X	X			H		X	450	2	X	
4	X			W-2	3	1			X		H	X		1500	1	X	
5	X			C-4	9	1				X	H	X		2500	1	X	
6	X			S-4	13	1		X			H	X		96	1	X	
7	X			S-1	11	1			X		H	X		600	1	X	
8	X			C-6	10	.5			X		S	X		2000	1		X
9	X			W-2	8	1				X	H	X		1500	1	X	
10	X			BSN	2	1		X			H		X	3000	5	X	
11	X			C-4	11.5	2		X	X		S	X		700	2		X
12	X			C-1 W-1	6	2				X	H	X		1700	1	X	X
13	X				17	3				X	H	X		1400	1	X	X
14	X			BSN	.5	.5		X			H		X	1300	2	X	
15	X				12	2.5			X		H	X		1200	1	X	X
16			X	MSN W+, S+	7	3	Supervision				H		X	county schools		X	
17	X			W-4	3	.5				X	H	X		1200	1		X
18			X	C-2	.5	1				X	S	X		1700	1	X	
19	X			C-3 W-5	19	6	"Visiting"				S	X		county schools			X
20	X			BSN	10	.5		X			H		X	1500	2	X	
21	X			W-1 S-1	6	4				X	H	X		988	1	X	X
22			X		.5	.5		X			H		X	1400	2		X
23	X			C-20 W-3	2	22			X		S	X		580	1	X	
24		X		C-27 W-3	2	1.5		X			H		X	900	2	X	
25			X	C-2 W-1	11	0			X		S	X		1050	1	X	X

RESPONSIBILITIES

No.	Health Appraisal	Vision Screening	Vision Rescreening	Hearing Screening	Height-Weight	Assist Physician	Follow-up	Referrals	Counseling	Counseling Maternity	Liaison	Staff Conferences	Resource to Staff	Health Instruction	Record Maintenance	Records for Statistics	Emergency Care	Coord. Immunization	Coord. Health Program
1	X	X				X	X	X	X								X		
2	X		X			X	X	X				X				X		X	
3	X					X	X	X	X										
4	X	X		X		X		X	X	X					X		X		
5		X		X					X		X						X		
6	X								X								X		
7		X		X				X									X		
8		X			X								X				X		
9					X		X	X	X								X		X
10	X		X				X	X					X						
11		X		X			X	X	X					X	X		X		
12	X						X	X	X								X		X
13		X		X			X	X							X				
14	X							X			X								
15	X						X	X											
16	"coordinate public health nurses who act as resource for health problems in public & parochial schools"																		
17	"responsibility for total health services and health education"																		
18	X	X		X				X						X			X		
19		X	X	X	X				X		X		X						
20	X							X	X				X	X					
21	X	X		X				X	X				X						
22	X	X		X			X	X	X				X						X
23		X		X			X						X	X				X	
24							X						X	X				X	
25	"inexperienced — no indication of responsibilities"																		

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*In addition to the above references, the following were also used in the preparation of this curriculum: position papers; policy statements of professional associations concerning the preparation, qualifications, functions, and standards of the school nurse; and numerous articles on curriculum planning and school nursing in professional journals.

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